

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section, on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

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71st ANNUAL SESSION

Del Monte, May 3-6, 1942

Story of the Meeting, as Told in the Lay Press

Official minutes and other proceedings of the 71st annual session of the California Medical Association, held at Hotel Del Monte, Sunday, May 3-Wednesday, May 6 inclusive, will appear in the June issue of CALIFORNIA AND WESTERN MEDICINE. For the information of members of the Association who could not arrange their schedules to permit attendance, the press items which follow are given place in the current issue. Additional comment appears in the editorial section.

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Physicians Hear War Medicine Progress

Del Monte, May 4.—Latest developments in the field of war medicine were related today to more than 1000 physicians and surgeons as the California Medical Association opened its annual three-day convention.

The convention, which ends Thursday, will consider, among other subjects, medicine's part in meeting the physical strains imposed on the human body by modern implements of war, use of the sulphur "miracle drugs," air-raid practice among school children, hallucinations and dreams, abdominal war wounds and infertility in males.

Principal address of the man versus machine study was to be made by Lieut. Col. David A. Myers, Army Medical Corps officer who has devoted nearly 20 years to the scientific study of aviation medicine. His subject is, "Can the Human Body Keep Pace With the Airplane?"

Officers Elected

The Western Association of Industrial Physicians elected Dr. Ben Frees, Los Angeles, president; Dr. Ruth-erford T. Johnstone, Los Angeles, secretary, and Dr. J. M. McCullough, Crockett, treasurer.

The California Heart Association, also meeting yesterday, elected Dr. Harold Rosenblum, San Francisco, member of the University of California Medical School faculty, as president. He has been Vice-President of the association for two years and active in its program for study and prevention of heart disease.

Recruiting of physicians for Army and Navy service, as well as for industrial and civilian defense, was the subject of addresses by Dr. Henry S. Rogers of Petaluma, president of the California Medical Association, and Dr. Harold A. Fletcher of San Francisco.

The association anticipates that within another 12 months one-third of the state's physicians and surgeons will be in the armed services.

The medical problem created by "mushrooming" war industries in California was discussed in two addresses at sessions yesterday preceding opening of the convention. Elections of specialty groups also were held.

Dr. Harold T. Castberg of the U. S. Public Health Service at Berkeley told the Western Association of Industrial Physicians and Surgeons the war industries boom has presented a critical need for increased use of preventive medicine and nursing service, particularly in small plants.

He said the mass movement from agriculture to industry has outdistanced health services in the state's small industries, a problem demanding immediate solution, because of the increasing use of small plants in subcontracting. . . .

Dr. Robert T. Legge of Berkeley, president of the Western Association of Industrial Physicians and Surgeons, said 90 per cent of existing small plants are without adequate industrial medical facilities.

† For complete roster of officers, see advertising pages 2, 4, and 6.



Photographs of Some of the Displays in the Scientific Exhibit Division, Del Monte, May 3-6, 1942

PRIZES FOR SCIENTIFIC EXHIBITS

The secret committee appointed to make the awards for scientific exhibits reported as follows:

1. First Prize (Fifty Dollars and Engrossed Certificate of Award), for best Surgical Exhibit was awarded to James R. Dillon, M. D., San Francisco, for exhibit on "Conservative Treatment of Cancer of the Prostate."

2. Honorable Mention (Engrossed Certificate) was awarded to Bernard Strauss, M. D., San Francisco, and Henry Kreutzman, M. D., for exhibit, "Anatomy of the Perivisceral Spaces."

3. First Prize (Fifty Dollars and Engrossed Certificate of Award) for best Medical Exhibit was awarded to Samuel Ayres, Jr., M. D., Los Angeles, and Nelson Paul Anderson, M. D., Los Angeles, for exhibit, "Dermatoses Common Under War Conditions."

4. Honorable Mention (Engrossed Certificate) was awarded to G. R. Biskind, M. D., San Francisco, and Bernard Strauss, M. D., San Francisco, for exhibit, "Hormonal Treatment of Eunuchoidism."

Dr. Howard F. West, Los Angeles retiring president of the California Heart Association, said that public realization that heart diseases is in many cases a result and not a cause would lead to "a 50 per cent reduction in heart disease invalidism." . . .

In addition to the general meetings today and the remaining two days, there will be sectional meetings of 12 medical specialty groups, displays of the latest scientific methods of combating disease and injury, and exhibits of new medicines, apparatus and techniques.

Also on display is an Army field hospital unit. Methods of handling casualties in the field will be demonstrated by Army physicians.—San Francisco News, May 4.

* * *

Progress in War on Cancer Seen

Del Monte, May 3.—With intelligent public understanding and coöperation, deaths from cancer and invalidism from heart disease can be reduced in the United States by one-half.

Delegate to the seventy-first annual convention of the California Medical Association, assembling for opening sessions tomorrow, heard those assertions today from eminent specialists in the medical profession.

They were made during pre-convention meetings of three therapeutic groups—the California Heart Association, the California Cancer Commission, and the Western Association of Industrial Physicians and Surgeons. . . .

Coöperation Urged

Declaring that heart disease "is in many cases a result and not a cause," Dr. Howard F. West, Los Angeles, retiring president of the Heart Association, told listeners that public realization of this fact and coöperation with the medical profession in prevention would make possible "a 50 per cent reduction in heart disease invalidism."

Early diagnosis and periodic physical checkups are prerequisites to medical science's battle against heart disease, he said. . . .

Dr. West's listing of obesity as a contributing cause of heart disease was underscored by a San Francisco specialist who was elected to succeed him as president—Dr. Harold Rosenblum, member of the teaching staff of the University of California Medical School and director of the Harold Brunn Institute of Cardiovascular Research at Mount Zion Hospital.

Assailing "indulgence at the table," Dr. Rosenblum bluntly said that "if you're past forty, fat, and get heart disease, it may be weight, not fate."

Sulfa Remedy

On another front, delegates were told that from science's new family of sulfa drugs may come a cure for an almost always fatal form of heart disease, subacute bacterial endocarditis—in lay terms, a bacterial infection of the lining of the heart.

Dr. Wallace M. Yater, head of the department of medicine at Georgetown University, Washington, D. C., said that experiments offer hope that if "the vegetative growth can be broken up—a problem now under attack—sulfa-diazin or other of the sulfa drugs will be able to dissolve the germs."

Diagnosis Key

Delegates attending the Cancer Commission meeting heard Dr. Otto H. Pflueger, its secretary, say that "early diagnosis is the key to reduction of cancer incidence."

Declaring that lip and skin cancer, if detected early, is almost 100 per cent curable, and breast cancer 75 per cent curable, Doctor Pflueger stated, "yet 150,000 persons die annually in the United States from cancer, about half of them needlessly." He added that diagnostic advances have made possible an effective offensive against the disease "when and if the public is fully educated to the necessity of periodic examination." He warned against "diet and hoax cures."

The convention proper will get under way tomorrow morning, with major attention devoted to war medicine and war wounds. Among speakers will be Dr. Harold Fletcher, former president of the San Francisco County Medical Society.

Sessions will conclude Wednesday, when the retiring president, Dr. Henry S. Rogers, Petaluma, yields his gavel to his successor, Dr. William R. Molony, Los Angeles.—San Francisco Examiner, May 4.

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Air Afflictions Interest Doctors

Del Monte, May 4.—California's men of medicine reported great strides here today in conquering the wounds of the ground soldiers, but confessed that medical science cannot keep up with the needs of the sky fighter.

At the seventy-first annual convention of the California Medical Association, here today, the doctors gave emphasis to 1942's medical problems on the firing line, in the sky and on the civilian front.

Out of scores of papers came these developments:

(1): Discovery by Army doctors at Fort Ord of an apparently new type of pneumonia which defies the usually dependent types of treatment—serum and the new sulfonamide drugs.

(2): A Navy report that one of war's majors killers—the delay that elapses before the man wounded at the front can be given hospital treatment—has to a considerable extent been overcome by the sulfonamides carried by combat troops and taken orally.

(3): A report that abdominal wounds are three times as frequent as in World War I, but that rapid transportation of wounded and other new factors have reduced fatalities.

(4): An assertion by Lieut. Col. David A. Myers, one of the Army's foremost authorities on aviation medicine, that the aviation engineer has outstripped the aviation doctor, and that a vast amount of research remains to be done on "flyer's belly," aeroembolism, flight fatigue and other combat flying afflictions.

(5): A warning that school children face serious psychiatric disturbances unless there is sufficient educational preparation for air raid practice, and unless parents guard against careless war talk.

New Disease Reported

Emphasizing the military importance of the convention was appearance at the sessions in uniform of scores of Army and Navy doctors.

Reporting on the new type of pneumonia found at Fort Ord, Capt. R. E. White and W. J. Mitchell of the Medical Corps said a study of 170 cases indicated it is "apparently a new disease, the cause of which is unknown."

Known types of pneumonia are traced to bacteria. The Army doctors said evidence indicates that the new type is caused by a filterable virus. Some of the illnesses were quite serious, but no deaths were reported.

Sulfa Drugs Used

Lieut. Cmdr. T. E. Reynolds, U.S.N.R., reported that the military services have made it standard practice to treat the war wounded with the new sulfa drugs as quickly as possible, before the wounded are removed to field hospitals. Faster still, he pointed out, some of the drugs can be carried by the fighting soldier and taken orally when wounded.

As a result of the new practices, he said, "the dreaded period of delay before definite treatment can be rendered has lost the deadly significance it had in other wars."

Plane Ambulances

Reporting on wartime abdominal wounds, Dr. Edmund Butler, San Francisco surgeon and member of the Stanford University Medical Faculty, told another section:

"Rapid transportation of the injured and the proximity of well equipped operating units to the region of disaster mean that more of the serious abdominal injuries reach the hospitals. During World War I, far more of those with abdominal injuries died in the field."

He predicted that the plane ambulance will cut fatalities from such injuries still more.

Dr. Lloyd B. Dickey, associate professor of pediatrics at Stanford, warned that morbid wartime discussions should be taboo at all times in the presence of children.

Warns of Tragedy

"School and recreational facilities for the child should not be curtailed, and even in times of all-out production the child's home life, his anchor to reality, should be as little disturbed as possible," he said.

"Never before in the world's history have children been cared for so well. It would still be a tragedy to win a military victory and find our children's standard of health lower than when we were attacked."

Colonel Myers, former chief surgeon of the United States Army and veteran of twenty-five years in aviation medicine, said engineers are building planes that will travel 500 miles an hour and climb to 50,000 feet.

"Aviation medicine has not yet arrived at definite conclusions as to what 'major overhaul' it is necessary to accomplish in human beings in order that they may operate and accompany with safety and comfort these speeding demons," he said. . . . —San Francisco Examiner, May 5.

California Physicians' Service

Del Monte, May 4.—Pleas for a united front against Government encroachment upon private medical practice were made by California Medical Association leaders here today.

The pleas came in advance of an expected fight on the California Physicians' Service, a statewide health insurance system which the Association set up several years ago in answer to a trend toward socialized medicine. . . .

Dr. Ray Lyman Wilbur, Stanford University chancellor, urged support for the service and warned that the Government may make "more and more" inroads upon private medical practice. Dr. Henry S. Rogers, of Petaluma, association president, called attention to the recent Federal Social Security Board report recommending payroll deductions for hospitalization.—San Francisco *Examiner*, May 5.

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New Hope Given on Heart Ailments

Del Monte, May 5.—Medical science has pulled off successfully another of those spectacular recirruitings in the human body that holds out new hope for many middle aged sufferers from heart disease.

Described at the California Medical Association convention today by Dr. Wallace M. Yater, professor of medicine at Georgetown University, Washington, D. C., it is a new and delicate operation in which the surgeon grafts a chest or abdominal muscle to the heart.

Blood vessels in the grafted muscle then take over the function of hardening arteries, which nourish the big heart muscle. It is the hardening of these arteries—and consequent failure of the blood supply to the heart muscle—which causes many thousands of the deaths catalogued under the broad heading of heart disease. . . .

Medical problems created by war continued to occupy most of the doctors.

Capt. Maurice D. Sachs, Army Medical Corps, Camp Callan, declared that there is "a definite increase" in flu accompanying the mass movements of troops and added:

"The Army is doing its utmost to isolate these cases so as to prevent further spread to the civilian personnel."

Maj. M. J. Rigdon, Army Medical Corps, Fort Ord, related that military doctors are entering upon wide use of sodium pentothal, a barbituric acid derivative, as an anesthetic in field hospitals close to the front. It is easily administered, he said.

Dr. J. H. Woolsey of Woodland reported that war wounds from bullets are becoming fewer in comparison to wounds from shell fragments and secondary objects such as masonry, glass and timbers scattered by bomb explosions. Though such wounds cause a wider area of tissue injury, the new use of the sulfa drugs is reducing wound infections, he said.

Doctor Yater also related a new technique for diagnosis of diseases of the liver and spleen. Since neither organ shows up under the x-ray, diagnosis in the past has been difficult. The new diagnostic method is accomplished by injection into the blood stream of a thorium dioxide solution which concentrates in the spleen and liver. It makes them opaque and thus visible on the x-ray plate.

Use of the technique has brought about successful diagnosis of cirrhosis of the liver, abscess and cancer.—San Francisco *Examiner*, May 6.

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War Developments in Medical Science Described at Del Monte

Del Monte, May 6.—Revolutionary developments in medical science, with special emphasis on treatment of combatants and civilians in wartime, were described today at closing sessions of the 71st annual California Medical Association convention.

The convention closes tonight with a final meeting of the House of Delegates for discussion of next year's association policy.

Today's papers dealt with chest injuries, traumatic shock, hemorrhage and burns.

The convention's 1500 delegates yesterday heard papers telling of a new heart operation that holds out new hope for middle-aged heart disease sufferers and the muscular implantation of sex hormones which effected dramatic physical and psychological changes in young men.

Dr. Wallace M. Yater, professor of medicine at Georgetown University, said the new heart operation will be especially beneficial to sufferers between the ages of 40 and 60.

He described the process by which the surgeon grafts a chest or abdominal muscle to the heart, enabling the blood vessels in the grafted muscle to take over the functions of hardening arteries which nourish the big heart muscle. . . .

Major B. Biskind of the Army Medical Corps and Dr. J. Kasanin of San Francisco reported on testosterone, the name of the new specific hormone used in the treatment which effected changes in young men.

Patients found their muscles became more firm, their voices deeper and more resonant and they gained in weight and strength, they reported.

Increased use of the two new sulfa drugs was told by Dr. Lowell A. Rantz of San Francisco, who said that one of the "miracle drugs"—sulfadiazine—was remarkably effective in the treatment of pneumonia, meningitis and gonorrheal infections. The other new sulfa is sulfathiazole.

He discouraged use of the widely publicized sulfanilamide and sulfapyridine because of their high toxic and anemia effects.

Nutrition was stated by Dr. Dwight L. Wilbur of San Francisco as presenting potentially more to medicine than has been offered by any other branch of medicine. He urged physicians to think more in terms of health than treatment of disease.—San Francisco *News*, May 6.

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Sister Kenny of Australia Has Made Real Contribution to Medicine, Physicians Told

Military Medicine Discussed

Del Monte, May 6.—(AP).—The unorthodox method of Sister Kenny, Australian nurse, in treating muscles affected by infantile paralysis has added something highly practical to the regular medical procedures used in those cases, Dr. Wallace Cole, professor of surgery at the University of Minnesota Medical School, reported today to the California Medical Association in session here. . . .

Discussion of war injuries ranged from treatment of damage to the skin caused by blistering war gases, Lewisite and mustard, presented by Dr. F. A. Torrey, San Francisco, to a detailed lecture by Dr. Frank S. Dolley, Los Angeles, on diagnosis and surgical treatment of chest injuries. Dr. Dolley illustrated his lecture with a motion picture in Technicolor of procedures.

Injuries in the present war are caused by shell fragments rather than by bullets as in past wars, reported Dr. J. H. Woolsey of Woodland. Shattered buildings, masonry, glass and timbers have played an important part in injuries in World War II.

Sulfonamides Used

The use of sulfonamides at Pearl Harbor and Dunkirk to kill infection have played an important role in saving lives from these injuries, Dr. Woolsey said.

Col. H. H. Towler of Ft. Ord explained that the job of the medical service in the infantry division, which goes into the front lines with combatant units, is to render essential treatment on the field and evacuate the wounded as quickly as possible.

Wounded are taken first to stations set up immediately back of the line where doctors dress, treat and apply splints to casualties. From there they are moved to collecting stations for more elaborate treatment and dressing of wounds, and then to division hospital stations capable of caring for 250 cases.

Use of sodium pentothal, a barbituric acid derivative, as an anesthetic for certain war surgery in field hospitals close to the front was urged by Maj. J. M. Rigdon of Ft. Ord. This relatively new anesthetic has been widely used in civil practice but has never been used in a major war.

It is administered intravenously easily, the patient goes under the anesthetic quietly and awakens promptly, necessary equipment is compact and easily carried, and there is no danger from explosive gases, all of which make it suitable for surgical use on war fronts.

Birth Energy Gauged

The energy used in childbirth labor is approximately equal to that exerted by a 120-pound individual in climbing to the top of a building 165 feet high, Dr. John J. Sampson, Dr. E. M. Rose and Dr. R. Quinn of San Francisco reported.

The physicians told how they estimated this by measuring the oxygen consumption of the mothers.

In 42 maternity cases they determined the amount of oxygen consumed at various stages of labor under various circumstances. The amount of oxygen used by the patients immediately after delivery also was measured in an effort to estimate the capacity of the circulatory system to make up for the oxygen deficit which accumulated during labor.—Los Angeles *Times*, May 7.

Strides in Fight Against Infantile Paralysis Told

Del Monte, May 6.—One of the great debates of modern medicine has been decided in favor of Australian nurse Elizabeth Kenny—and the consequence may be that the infantile paralysis cripple will disappear from the American scene in ten years.

Thus confidently did Dr. Wallace H. Cole, professor of surgery at the University of Minnesota, relate to the California Medical Association today the result of two years research by American doctors on an infantile paralysis treatment developed by trial and error in the bush of Australia.

Methods Supported

Not only have University of Minnesota doctors been won over to the Kenny treatment, but some who scoffed the loudest when the middle aged nurse was brought to Minneapolis two years ago now are the most enthusiastic supporters of her methods, and doctors from all over the Nation now go to Minneapolis to study it, Doctor Cole declared.

He predicted its universal acceptance within ten years, and said that deformities from poliomyelitis will disappear after it is generally adopted.

Scientific Session

This is a medical advance in which all Americans share, for the Australian nurse was brought to the United States by the National Foundation for Infantile Paralysis with money collected in dimes from the American public.

Doctor Cole brought his report on the Kenny investigation to the final scientific session of the California association's convention here.

Sister Kenny is a graduate nurse who was sent by the Australian government twenty-five years ago into the wilds where there were no doctors. There, over a period of many years, she developed what came to be known as the Kenny Treatment for Infantile Paralysis sufferers. . . .

Early Treatment

The first step in the Kenny method is to begin treatment as soon as possible after the infection is discovered. The later the treatment is begun, the less the chance of saving paralyzed or spastic muscles.

Treatment is begun right in the contagion ward, with hot packs kept on the affected muscles for twelve hours a day to keep them relaxed. The patient is placed on a hard bed as nearly upright as possible, with a board at the foot of the bed for him to push against.

As soon as the pain of the active stage of infection goes, there is begun what Doctor Cole described as "muscle re-education—the development of a mental awareness of the muscles that must be put to work."

Patient Taught

From that point on, the treatment is a painstaking job of helping the patient to help himself by teaching him how and where the spastic muscles work, and helping him use related muscles which, though not affected by the disease, fall into disuse. "It's about 70 per cent nursing," said Doctor Cole.

Doctor Cole emphasized that it is much more than mere exercising of the muscles, however. It is a technique so precise at the point where applied that graduate nurses must study it for six months to master it.

Though there may be some residual paralysis, the Kenny treatment brings about from 80 to 90 per cent recovery of the affected muscles. And it prevents entirely the familiar deformities of twisted spines and useless legs.

Test Sought

Doctor Cole said his university attempted to run what doctors call a "control" test—treat simultaneously a series of cases by the Kenny method and a series of cases by earlier methods of splint rests, exercises and massages, thus making a comparison of results possible.

But the control test could not be run because all of the sufferers and their families at Minneapolis insisted upon use of the Kenny method.

The Kenny treatment is as yet in its infancy in California, though a few California doctors have studied it at Minneapolis.

It is, it must be remembered, a treatment to restore to normalcy the person ravaged by the disease. Before medical science is still the unsolved task of preventing polio.—San Francisco *Examiner*, May 7.

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California Medical Association Elects Officers

Del Monte, May 6.—Dr. Karl L. Schaupp, former president of the San Francisco County Medical Society, was named president-elect of the California Medical Association today at concluding meetings of the house of delegates to the seventy-first annual convention of the association.

Dr. Schaupp is a former chairman of the association's council.

Naming of Dr. Schaupp followed the installation of Dr. William R. Molony, Sr., of Los Angeles, as president of the State organization, succeeding Dr. Henry S. Rogers of Petaluma.

Dr. Lowell S. Goin and Dr. Vincent Askey, both of Los Angeles, were re-elected to the offices of speaker and vice speaker of the house of delegates, respectively.

District councilors re-elected were Dr. Donald Cass, Los Angeles; Dr. R. Stanley Kneeshaw, San Jose; Dr. Frank A. McDonald, Sacramento.

Councilors-at-large also were re-elected without opposition. They are Dr. Edwin L. Bruck, San Francisco, and Dr. Sam J. McClendon, San Diego.

Dr. Edward N. Ewer, Oakland; Dr. Edward M. Pallette, Los Angeles; Dr. Robert A. Peers, Colfax, and Dr. William R. Molony, Sr., all were re-elected delegates to the American Medical Association's convention next month at Atlantic City.—San Francisco *Chronicle*, May 7.

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California Medical Association Asks State Commission to Raise Fees for All Service

Del Monte, May 7.—(AP).—The California Medical Association today made Dr. Karl L. Schaupp of San Francisco its president-elect and called on the State Industrial Accident Commission to raise the fees for medical service.

Dr. Schaupp will succeed Dr. William R. Molony of Los Angeles, the incumbent president, at next year's convention.

Other Officers

Other new officers are Dr. Lowell S. Goin and Dr. E. Vincent Askey, both of Los Angeles, speaker and vice-speaker, respectively, of the association's house of delegates, and Dr. Dwight L. Wilbur of San Francisco, delegate to the American Medical Association.

Dr. P. K. Gilman of Los Angeles was retained as council chairman, George H. Kress of San Francisco as secretary-editor, and John Hunton, San Francisco, as executive secretary. Likewise re-elected were all district councilors and councilors-at-large.

Ask More Money

The convention's resolution regarding accident commission fees proposed a 50 per cent increase for hospital, office and home visits and a 25 per cent increase for all other types of service. . . .—Los Angeles *Times*, May 8.

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ENTERTAINMENT HAND BILL

President's Dinner

Consensus of opinion concerning the entertainment features, inaugurated at this year's annual session, and made possible through a special appropriation by the C. M. A. Council, was most favorable. On every side could be heard words of praise for the program that had been prepared by Doctor Junius B. Harris of Sacramento, John W. Green of Vallejo, and their fellow committeemen, and which was put across with vim, vigor and éclat. A perusal of the text of the 40 inch-long hand bill, illustrated with portrait of Retiring President Henry S. Rogers—in whose honor the entertainment was tendered—and other presumably pertinent drawings, will permit those who were not present, to sense somewhat the happy atmosphere in which the excellent program was rendered.

Text of the hand bill follows:

Special Announcement

By Arrangement With the

Council of the California Medical Association

The Ninth Councilor District

!! — Presents — !!

For One Night Only

at the

Hotel Del Monte

May 5, 1942

One Continuous First Class Performance
Under the General Chairmanship of
John W. (Vallejo Pete) Green

In collaboration with and under the personal direction of
Dwight (Murph) Murray

1 1 1

Master of Ceremonies—
Junius Brutus (Emcee Red) Harris
(By arrangement with the Eighth Councilor District)
In the Bali Room
!! at 7 o'clock p.m. Sharp !!
—Do Not Miss This—

* * *

Hear — and — See
Lloyd Kindall's World Famous
California Rhythm Doctors
in a Melange of Old and New Melodies
—and—

at 8 o'clock p. m.
in the Main Dining Room
The 9th District Features
A Mastodonic Performance of the
Most Superior Beauty and Quality
!!! STARTLING — STUPENDOUS !!!
Henri Sheffoff, World Famous Baritone
Bobby Glenn in "Getting Together"

The One and Only Medical
BOB HOPE

and many other Great Artists
assisted by
KINDALL'S "ALL DOCTORS ORCHESTRA"
Presentation of Notables
(Positively no mistakes will be rectified after
leaving the Box Office)

—and—

at 9 O'CLOCK P.M.
Buddy Maleville's Mendocino Orchestra
and these
CRASH HITS

* * *

ARMAND GIRARD
A Napa Interne — He's Institutional!
MARGARITA and PAQUITA
The Marin Marvels
JACKSON and BLACKWELL
The Sinuous Sonoma Swayers
Those Extraordinary Plenipotentiaries
From the State of Jefferson

The
4 Vagabonds 4
(All Pre-Meds)
with
SWEDE LARSEN!
and
Solano Jack Seltenrich
The Master of the Keys

* * *

Personal Appearance
The Management guarantees that at some time during
the performance
President HENRY S. (Chick) ROGERS
will positively make a stage appearance
IN PERSON

* * *

(Any discourtesy on the part of employees should not be
reported to the management)
The Entire Action Takes Place at the

HOTEL DEL MONTE

This attraction will not play any other city in
California—or elsewhere.
The Management respectfully requests physicians not to
leave their seat numbers or any other means of
identification anywhere, as they will not be
called under any conditions.
The Management will esteem it a favor if patrons
will remain seated until final fall of the curtain.

CREDITS

Sound Effects.....Victor W. Hart, Emdee
Scenic Effects.....Harry O. Hund, Emdee
Costumes.....Carl W. Clark, Emdee
Coiffures.....Robert B. Smalley, Emdee

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House Physician: Fred O. Butler, M. D.

California Medical Association Golf Tournament.

All was not earnest application to scientific dissertations at the recent annual session at Hotel Del Monte as witness the score sheet of the visiting physicians and ladies who took part in the informal golf tournament of Tuesday, May 5th. Ratings of those who registered, follow.

I. MEN

Name	City	Gross	Handc.	Net
Fletcher Hall, Santa Monica.....		79	16	63
J. B. Homadka, Santa Monica.....		78	12	66
D. R. Powell, Stockton.....		87	19	68
G. E. Judd, Los Angeles.....		85	17	68
Paul McMaster, Los Angeles.....		85	17	68
H. D. Nenfeld, Concord.....		80	12	68
C. A. Broadus, Stockton.....		89	20	69
Edwin Cobb, Los Angeles.....		83	14	69
Roderic O'Connor, Oakland.....		80	11	69
Harry Roth, Long Beach.....		80	10	70
W. E. Hart, Oakland.....		91	21	70
George Johnson, San Francisco.....		85	15	70
L. R. Chandler, Menlo.....		86	16	70
Ray Sands, Santa Monica.....		96	26	70
R. B. Raney		88	17	71
Harry Hensler, San Anselmo.....		85	14	71
A. A. Blatherwick, Los Angeles.....		91	19	72
R. Gustafson, Pasadena.....		82	10	72
Karl Von Hagen, Los Angeles.....		97	25	72
M. Marks, Long Beach.....		91	18	73
J. C. Sharp, Salinas.....		90	17	73
N. D. Morgan, San Francisco.....		97	24	73
James Doyle, Beverly Hills.....		98	25	73
W. H. Moore, Bakersfield.....		83	10	73
Ed Dewey, Pasadena.....		90	16	74
G. J. Torell, Los Angeles.....		93	19	74
S. H. Welch, Glendale.....		93	19	74
J. N. Nichols, Los Angeles.....		91	17	74
H. M. Weber, Corona.....		92	18	74
Harry Wilson, Los Angeles.....		87	13	74
Leland Taylor, Oakland.....		91	17	74
Lloyd Kindall, Oakland.....		93	19	74
L. B. Blanchard, San Jose.....		102	28	74
J. W. Robertson, Livermore.....		90	16	74
L. L. Heston, Stockton.....		95	20	75
Charles L. Ianne, San Jose.....		101	26	75
W. C. Bolck, Los Angeles.....		98	23	75
C. T. Hayden, San Francisco.....		95	19	76
G. R. Dunlevy, Los Angeles.....		93	17	76
Joe Boomer, Richmond.....		89	13	76
Dan Brodorsky, San Jose.....		101	24	77
Thomas Buckley, Oakland.....		96	19	77
D. R. Threlfall, San Jose.....		94	16	78
W. H. MacDonald, Bakersfield.....		97	18	78
Edward Ewer, Oakland.....		95	17	78
J. Ginsburg, Los Angeles.....		97	19	78
L. Barnard, Oakland.....		99	20	79
E. J. Schmidt, Fresno.....		91	12	79
B. Burke, Los Angeles.....		98	19	79
G. K. Dunklee, San Luis Obispo.....		97	16	79
Carl H. Parker, Pasadena.....		94	14	80

C. H. Sheldon, Pasadena.....	88	8	80
W. R. Crane, Los Angeles.....	96	16	80
C. M. Burchfiel, San Jose.....	94	14	80
L. Felger, Los Angeles.....	100	20	80
S. R. Parkinson, Marysville.....	98	18	80
W. H. Olds, Los Angeles.....	98	18	80
E. C. Rosenaw, Pasadena.....	97	17	80
Fred Clark, Long Beach.....	97	16	81
D. R. MacCall, Los Angeles.....	102	21	81
D. McNeil, Sacramento.....	105	24	81
Earl Hyman, Los Angeles.....	97	16	81
C. D. Collins, Fresno.....	97	16	81
Carl Winermitz, San Francisco.....	103	22	81
F. D. Shanley, Oakland.....	100	19	81
J. S. Rafter, Richmond.....	101	20	81
C. J. Moloney, Los Angeles.....	96	14	82
Walter C. Adams, Oakland.....	101	19	82
R. T. Uhls, Long Beach.....	99	17	82
Leo Madsen, Los Angeles.....	106	24	82
Eugene L. Christensen, Los Angeles.....	107	24	83
W. R. Maloney, Los Angeles.....	105	22	83
H. G. Bell, San Francisco.....	99	16	83
D. I. Aller, Fresno.....	101	18	83
C. E. Hunt, Oakland.....	103	23	83
I. J. Hopkins, Mt. View.....	97	13	84
H. R. Lusignan, Monterey.....	98	14	84
H. D. Loe, Oakland.....	108	24	84
S. A. Quinby, Fresno.....	97	12	85
O. D. McCartney, Glendale.....	104	18	86
Peter Blong, Los Angeles.....	119	24	95

II. LADIES

18 HOLE MEDAL PLAY, DEL MONTE, MAY 4, 1942

Name	City	Gross Hndcp.	Net
Mrs. E. C. Rosenow, Jr., Pasadena.....		102	25 77
Mrs. Harry Roth, Long Beach.....		103	26 77
Mrs. D. R. Threlfall, San Jose.....		90	9 81
Mrs. Leonard Barnard, Oakland.....		94	9 85
Mrs. Alvin Foord, Pasadena.....		107	21 86
Mrs. R. S. Kneeshaw, San Jose.....		112	26 86
Mrs. L. R. Chandler, San Francisco.....		97	10 87
Mrs. L. A. Packard, Bakersfield.....		103	16 87
Mrs. C. M. Burchfiel, San Jose.....		109	22 87
Mrs. E. J. Schmidt, Fresno.....		111	22 89
Mrs. H. N. Hensler, Marin.....		105	15 90
Mrs. D. A. Crew, San Luis Obispo.....		114	24 90
Mrs. F. L. R. Burks, Fresno.....		117	26 91
Mrs. R. O. Griess, Salinas.....		123	35 93
Miss M. Shephard, San Jose.....		117	24 93
Mrs. W. H. Farr, Salinas.....		124	30 94
Mrs. Hunter Shelden, Pasadena.....		126	30 96
Mrs. L. Blanchard, San Jose.....		132	22 110
Mrs. M. J. Monty, San Jose.....		143	35 113
Mrs. F. W. Bawmann, San Jose.....		179	22 157

MEDICAL EPONYM

Neisser's Diplococcus

Albert Neisser (1855-1916), when he was an assistant in the dermatologic clinic at the University of Breslau, published his paper, "Über eine der Gonorrhoe eigenthümliche Micrococcusform [A Form of Micrococcus Peculiar to Gonorrhea]" in the *Centralblatt für die medicinischen Wissenschaften* (17:497-500, 1879). A portion of the translation follows:

"If gonorrheal pus is spread as thinly as possible on a glass slide after Koch's method, allowed to dry and stained by simply flooding with an aqueous solution of methyl violet, and dried again, examination of the preparation under high power with the light cut down as little as possible will show at first glance, in addition to the dark violet-blue and variously shaped nuclei of the pus cells (the protoplasm of which is also stained, but only faintly), a number of more or less abundant clumps of micrococci. These have a quite characteristic and promptly recognizable typical form. . . . Nearly always two micrococci are seen lying close together—so closely that they give the impression of a single organism which is roll-shaped or biscuit-shaped, resembling a figure eight."—R. W. B., in *New England Journal of Medicine*.

CALIFORNIA COMMITTEE ON MEDICAL PREPAREDNESS†

PROCUREMENT AND ASSIGNMENT SERVICE

Special Notice

The Army needs doctors. In fact, the Army needs 16,000 qualified medical officers before the end of 1942.

This is the problem put to the Procurement and Assignment Service by the Surgeon General of the Army.

Plans have now been worked out between the Surgeon General, the Adjutant General and the Procurement and Assignment Service under which the medical officer recruiting plan will be greatly speeded up, to the advantage of the Army and the physician alike.

In brief, the Army is establishing recruiting stations for medical officers in each state, with two such stations in California, one in Los Angeles and one in San Francisco. Each recruiting station will have as its personnel an Army medical officer, an Army materiel officer representing the Adjutant General, and necessary clerical help. Physicians who wish to enlist as medical officers will be able to be interviewed, qualified, commissioned and sworn in as Army medical officers within a period of not more than five days.

This system will obviate the former waiting period of 90 days or more, during which time the physician applying for a commission was uncertain about closing his office, transferring his practice or making other plans. In some instances the applicant physician has made plans to dispose of equipment, etc., and has then learned that his application for an Army commission has been declined.

The new method amounts to a decentralization of the Surgeon General's office and a streamlining of the entire commissioning procedure. Under it a physician will learn the answer to his application within a few days; he will be given a period of 14 days after acceptance of his application, in which time he will be able to arrange his personal affairs.

Commissions to be granted will be at the rank of first lieutenant for applicants below the age of 37 years and captain for applicants from 37 to 45 years of age. Higher ranks will be granted on approval from the Surgeon General's office in cases where the applicant is a certified specialist or has other qualifications which would tend to make him available for more advanced responsibilities. In cases where commissions above that of captain are to be considered or granted, the commissioning process will require a longer period of time.

Under certain conditions, commissions will be granted to applicants up to the age of 55 years. The recruiting officer will give you full details on this subject.

For full information on the new commissioning procedure, consult the members of the Procurement and Assignment Service committee in your county, or address inquiries direct to Doctor Harold A. Fletcher, California State Chairman for Physicians, Procurement and Assignment Service, Room 2004, 450 Sutter Street, San Francisco. Applicants for Army commissions should notify Doctor Fletcher of their filing of applications, so that their names may be cleared for commissioning.

† Harold A. Fletcher, M. D., 490 Post Street, San Francisco, is the chairman of the California Committee on Medical Preparedness. Henry S. Rogers, M. D., room 1938, 450 Sutter, San Francisco, is a member of the American Medical Association Committee on Medical Preparedness. Roster of county chairmen on Medical Preparedness appeared in *CALIFORNIA AND WESTERN MEDICINE*, August, 1940, on page 86.

Under tentative arrangements, the new Army medical recruiting offices will be located at 1930 Wilshire Blvd., Los Angeles, and at 450 Sutter St., San Francisco. It is possible these locations may be changed; in such event, consult your county committee on Procurement and Assignment Service for new locations of such offices.

Adoption of the new recruiting setup for the Army does not change in any way the recruiting of medical officers by the Navy or the Army Air Corps. Applications for commissions as medical officers in the Navy may be made direct with Capt. P. K. Gilman, MC, USNR, at 1095 Market Street, San Francisco, or at any Navy recruiting station.

For commissions as medical officers in the Army Air Corps, make application direct to The Surgeon, Fourth Air Force, 180 New Montgomery St., San Francisco, or to the Fair Force stations at March Field (Riverside), Hamilton Field (San Rafael), or Hammer Field (Fresno). Commissions as medical officers in the Army Air Corps require about three weeks for issuance, following which a notice of 15 days is allowed the physician for arranging his personal affairs.

Procurement and Assignment Service under the new arrangement remains as a voluntary service, operated by and for doctors of medicine, dentistry and veterinary medicine. All physicians will find themselves in the hands of their own colleagues in arranging for military service. The point must be repeated here that if the voluntary nature of the service does not succeed, an involuntary plan will be worked out.

The Army needs you. Now.

Postcards Concerning Procurement and Assignment Service

Because of their suggestive value, the text of two reply postcards is given below: the first from Doctor Harold A. Fletcher of San Francisco, and the second from Doctor Robert A. Peers, of Colfax:

I.

Dear Doctor:

You have probably already received your questionnaire from the Procurement and Assignment Service. If not, retain this post card until the questionnaire arrives. Fill in the questionnaire correctly and return it at once.

1. *For your own protection:* Physicians under 45 may be drafted in non-professional capacity as privates if not enrolled with Procurement and Assignment Service.

2. *For the protection of your chosen profession:* If the profession responds voluntarily, it can control the situation. If not, legislation may be introduced to make service compulsory.

3. *For the protection of your country:* Adequate medical service is needed to help WIN THE WAR.

In stating preferences, if you prefer civil practice at home, do not hesitate to say so.

Please fill in and return reply card attached.

HAROLD A. FLETCHER, M. D.,
State Chairman, Procurement and Assignment Service for Physicians.

Procurement and Assignment Service For Physicians,
2180 Washington Street,
San Francisco, California.

I have this day completed my enrollment and questionnaire for the Procurement and Assignment Service and mailed it to the National Roster of Scientific and Specialized Personnel at Washington, D. C. ☐

I have received no such questionnaire. ☐

Signed

Address

Date.....

II.

Colfax, California,
May 11, 1942.

Dear Doctor:

The Placer-Nevada-Sierra County Medical Society, and the California Medical Association officers, are exceedingly anxious that every Doctor, Dentist, and Veterinarian fill out and return the Questionnaire recently sent them by the Assignment and Procurement Board. Will you please fill in, sign and return immediately, answers to the questions printed on the accompanying postcard. You can thus help in the total war effort. Let us make our Society 100 per cent responsive to the appeal for information. It is patriotic and also in your own best interest.

Yours until Victory,
ROBERT A. PEERS, M. D., *Sec'y-Treas.*

Dr. Robert A. Peers,
Colfax, California.

Dear Secretary Peers:

1. I have (have not) received my questionnaire mentioned on other postcard.

2. I have (have not) filled in and returned my questionnaire.

3. I promise to fill in and return questionnaire (if not already done).

(Signed).....

Please mark out those words not applying to your particular case.
R. A. P.

Blood Collections for Army and Navy

With 30,477 blood donations being reported for the first two weeks in March by Red Cross chapters maintaining donor centers, the program for supplying blood plasma to the armed forces entered its second year of operation with an excellent start. Inaugurated in February, 1941, at the request of the Surgeons General of the Army and Navy, this project has expended as rapidly as laboratory facilities to process plasma have become available. Donor centers are now operating in 18 cities.

Shortly after beginning of the project the Red Cross was requested to deliver 215,000 units of plasma by July, 1942. Following Pearl Harbor this figure was upped by 165,000 units, bringing the total number to be delivered by July, 1942, to 380,000. For the year beginning July 1, 1942, the Army and Navy have requested the Red Cross to obtain an additional 550,000 units, making a minimum total of 930,000 units. To provide this total will require somewhat in excess of 1,000,000 donors, it is estimated.

According to a report covering the first year of operation issued by Dr. G. Canby Robinson, national director of the Red Cross Blood Donor Service, by the end of November, 1941, the Red Cross blood donor centers then participating in the program had collected and delivered to processing laboratories a total of 27,352 donations. Then came Pearl Harbor and the opening of additional donor centers. Immediately after, enrollment of donors jumped by leaps and bounds. Whereas in the ten prior months 27,000 blood donations had been given, the number of donations during December was 18,396! . . . However, the present rate of donations will have to be maintained without let-up, and may even have to be increased further, as there is the probability that additional amounts will be requested by the Army and Navy.

Red Cross blood donor centers are now in operation in the following cities: New York, Philadelphia, Baltimore, Buffalo, Rochester, N. Y., Indianapolis, Detroit, Pittsburgh, St. Louis, Boston, Milwaukee, Cleveland,

Chicago, San Francisco, Los Angeles, Cincinnati, Washington, D. C., and Brooklyn. The last-named center began operations in mid-March.

According to the report seven commercial laboratories have contracts with the government for processing plasma on a cost basis. The total number of donations during the first year of operations aggregated 82,857, of which 55,505 were made in the nine weeks of December and January.

The value of blood plasma in the treatment of burns and wounds and in combating shock was amply demonstrated at Pearl Harbor. Surgeons on duty there during the attack and in the days following, state in no uncertain terms that many lives were saved due to the use of plasma supplied to the armed forces by the local medical society, the American Red Cross and other agencies.

Government's Blood and Plasma Bank Program (COPY)

OFFICE OF CIVILIAN DEFENSE
Washington, D. C.

May 1, 1942.

To: *Editors of Medical, Hospital and Related Journals*
From: *George Baehr, Chief Medical Officer, Office Civilian Defense*

We are attaching supplementary information with reference to the Blood and Plasma Bank Program of the Medical Division of the Office of Civilian Defense, a preliminary announcement of which was sent to you on March 19, 1942.

The attached regulations include directions for making applications for grants.

It is hoped that you can publish this announcement and these regulations in the next issue of your journal.

Attachments.

To Editors of Medical, Hospital and Related Journals:

Regulations for the administration of the Blood and Plasma Bank Program of the Medical Division of the United States Office of Civilian Defense have now been prescribed, and funds are available for grants to assist approved hospitals in establishing blood and plasma banks. Only hospitals within 300 miles of the Atlantic, Pacific or Gulf coasts are eligible for such grants. After July 1, 1942, these geographical restrictions may be modified, so that grants may be made to inland hospitals. Applications should be addressed to the Chief Medical Officer, United States Office of Civilian Defense, Washington, D. C.

Technical manuals on blood and plasma banks, prepared by the Subcommittee on Blood Substitutes of the Division of Medical Sciences, National Research Council are now available for distribution on request of any hospital to the Chief Medical Officer, Office of Civilian Defense.

The Red Cross has established eighteen donor centers in various parts of the country which are successful in obtaining an adequate supply of blood donors for military purposes. Blood for the production of dried plasma for Civilian Defense purposes will also be obtained from these sources.

Hospitals which establish their own blood and plasma banks with the financial assistance of the Office of Civilian Defense are advised to build up their reserves of blood and plasma by expanding blood collection from relatives and friends of patients who are to receive transfusions. A public campaign for volunteer donors which may compete with the work of the Red Cross should be avoided if possible. If public solicitation is necessary, hospitals should appeal to the local chapters of the Amer-

ican Red Cross for assistance in recruiting hospital donors. Blood donor campaigns by agencies other than the Red Cross will tend to confuse the public and may interfere with the blood collection by the Red Cross for the armed forces.

REGULATIONS GOVERNING GRANTS TO HOSPITALS FOR ESTABLISHING RESERVES OF BLOOD PLASMA

WHEREAS: on April 11, 1942, there was allotted from the "Emergency Fund for the President" to the United States Public Health Service the amount of \$292,500, "to be expended by said Public Health Service in connection with emergencies affecting the national security and defense for procuring and establishing either independently or, subject to regulations to be promulgated by the Surgeon General, by grants to public and private hospitals located not more than 300 miles from ocean or Gulf Coast, reserves of liquid, frozen or dry blood plasma or serum albumin for the treatment of casualties resulting from enemy action," the following regulations are promulgated to govern the administration of this allotment:

SECTION I. ELIGIBILITY FOR GRANTS

Preference shall be given to hospitals serving communities whose geographical location implies a likelihood of civilian casualties from enemy action, and which are inadequately equipped to handle such casualties.

To be eligible for a grant a public or private hospital located not more than 300 miles from ocean or Gulf Coast* shall:

- (1) Have a capacity of not less than 200 beds, exclusive of bassinets, provided that two or more smaller hospitals totaling 200 beds may submit a cooperative project designating one of the participating hospitals as the grantee;
- (2) Be on the approved list of the American College of Surgeons and the Hospital Register of the American Medical Association;
- (3) Have on the professional staff a physician whose qualifications are the equivalent of those required by the American Board of Pathology for its diplomates.

SECTION II. APPROVAL OF PLANS

A grant shall cover a period of not more than twelve months following the approval of the plan, or not beyond June 30, 1943, and may be used only for the purchase of equipment necessary for the preparation of liquid or frozen plasma, reconditioning or minor alterations of existing quarters, necessary travel and subsistence allowance of \$6.00 per diem to cover a training period, if required, of not more than one week, for the physician directing the blood plasma project, and temporary salaries of personnel necessary for the establishment of a blood and plasma project.

The maximum grant for one hospital is \$2,000.

A hospital desiring to receive a grant shall submit a plan to the Chief Medical Officer, Office of Civilian Defense, who is authorized to receive such plans on behalf of the Surgeon General of the United States Public Health Service. . . .

SECTION III. CONDITIONS OF GRANTS

(1) The hospital shall agree to build up a plasma reserve of at least one unit per bed within three months after delivery of the necessary equipment. A unit of plasma is that amount derived from 500 cc. of citrated whole blood, consisting of about 250 cc. of liquid plasma;

(2) The agreed amount of plasma reserve shall be maintained for use without charge and only for treatment of casualties caused by enemy action. The reserve shall be released for use in other local hospitals for this purpose on order of the local Chief Emergency Medical Service and for transfer within the state on order of the State Chief of Emergency Medical Service, or transfer from one state to another on the order of the Regional Medical Officer, Office of Civilian Defense;

(3) Liquid plasma shall be kept from being outdated by replacement of older by newer plasma. Replaced units may be utilized for current needs of the hospital in the treatment of its regular patients, provided the plasma reserve shall not be allowed to fall below the stated minimum;

(4) All plasma shall be prepared in accordance with manuals of the Office of Civilian Defense prepared by the Subcommittee on Blood Substitutes of the National Research Council;

(5) The hospital shall agree to continue the plasma

project for its current needs after the expiration of the Federal Grant and to maintain for the duration of the war the minimum stated reserve; thereafter the reserve may be used by the hospital without restriction;

(6) A record shall be kept of all blood donors, including their blood types, to expedite obtaining donors for emergencies;

(7) No funds made available under the grant shall be used for the payment of blood donors;

(8) Any blood plasma project under this program shall be subject to inspection by authorized representatives of the Surgeon General of the Public Health Service.

SECTION IV. METHOD OF PAYMENT

Payments will be made on a reimbursement basis for expenditures made in accordance with the approved budget. Applications for reimbursement shall be notarized and addressed to the Chief Medical Officer, Office of Civilian Defense. . . .

Subject: Shortage of Medical Corps Officers

(COPY)

In Reply Refer to S.G.O. 210.1-1 (9th Corps Area) AA

WAR DEPARTMENT

Office of the Surgeon General

Washington

March 31, 1942.

To: *The Surgeon, Ninth Corps Area,
Fort Douglas, Utah.*

1. A number of Corps Area Surgeons have indicated that they could aid in securing well qualified medical officers.

2. In order to expedite the procurement of medical officers, it is directed that as many physicians as possible be contacted, and completed forms, as follows, be forwarded directly to this office:

- (a) W.D.A.G.O. Form 170, in duplicate.
- (b) W.D.A.G.O. Form 178, in duplicate.
- (c) W.D.A.G.O. Form 178-2, in duplicate.
- (d) Final type physical examination.
- (e) Statement of applicant as to whether a registrant and, if so, a statement from his local board (form inclosed as a guide).

3. This office will clear the applicant through the Procurement and Assignment Agency.

4. It is realized that shortages exist in all Corps Areas and an attempt will be made to assign as many of these men to the Corps Area of origin as possible. However, it should be borne in mind that there is an acute shortage in troop units as well.

5. Applications may be forwarded from individuals who have enrolled with the Procurement and Assignment Agency, provided they have not sent in their blank forms.

6. These instructions apply to applicants for the Medical Corps only.

By order of the Surgeon General:

(Signed) JOHN A. ROGERS,
Colonel, Medical Corps,
Executive Officer.

Incl.

1 1 1

1st Ind.

Headquarters, Ninth Corps Area, Office of the Surgeon,
Fort Douglas, Utah

April 7, 1942.

To: *The Surgeon, all posts, camps and stations
(including exempted) Ninth Corps Area.*

1. That the provisions of the basic letter may be fully complied with, it is requested that you designate a carefully selected medical officer to contact as many civilian physicians of military age as possible who reside in communities near your station.

2. It is to be noted that the forms are to be forwarded directly to the Surgeon General. If an insufficient number

of these forms is on hand they can be obtained by requisition on this headquarters.

(Signed) H. R. BEERY,
Colonel, Medical Corps Surgeon.

Subject: Procurement of Medical Corps Officers for Duty with the Army Air Forces

(COPY)

WAR DEPARTMENT

Headquarters of the Army Air Forces

Washington

Office of the Air Surgeon,

April 2, 1942.

To: *The Surgeon.*

1. The shortage of Medical Corps officers for duty with the Army Air Forces has become acute. Repeated efforts to forestall this present situation by procuring additional officers in adequate numbers in the prescribed manner and from those agencies charged with the procurement of such officers has failed to alleviate or correct the deficiency. This office has, therefore, undertaken the task of processing the applications for the appointment of physicians as officers in the Medical Corps, Army of the United States. Publicity through the *American Medical Association Journal*, press releases, etc. has been started to interest physicians in applying for such commissions.

2. The only pool from which Medical Corps officers for duty with the Army Air Forces can be drawn upon is the one of potential Medical Corps officers existing in civil life. It is believed that there is a very large number of civilian physicians who could be interested in securing a commission and coming to active duty if they were assured that they could and would serve with the Army Air Forces. This assurance can now be given to all of those whose applications are processed and receive final approval by this office. Physicians who are interested are being asked to write to the Air Surgeon, Headquarters of the Army Air Forces, Washington, D. C., from which office they will be contacted and furnished with the necessary information, instructions, and application blanks.

3. Since the procurement objective is 2,200 Medical Corps officers between April 1, and July 1, 1942, and 500 per month for the remainder of the calendar year, it is obvious that if the project is to succeed, widespread cooperation in this effort must be given by all Medical Corps officers now serving with the Army Air Forces.

4. Many desirable physicians could be obtained immediately if they were personally contacted by a Medical Corps officer now serving with the Army Air Forces and assisted in making out the application blanks. For the good of all concerned, every surgeon is requested to lend his full cooperation to this project and to do the following in connection therewith:

- a. Give this project as wide-spread publicity as is possible.
- b. Furnish this office with the names of all *desirable* prospects.
- c. Personally contact all desirable prospective applicants and assist them in accomplishing the necessary forms, arranging for them to receive the "final-type" physical examination and mailing all forms and reports (including the report of physical examination) *direct to this office.*

5. Sets of application packets (such as those which are inclosed) are now being mailed to prospective applicants. The inclosed packets are for local use. Additional packets will be furnished on request.

By command of Lieut. General Arnold:

(Signed) W. F. HALL,
Lt. Colonel, M.C.,
Asst. Air Surgeon.

Incl: (5 sets of applicant packets)
 Reproduced Hqs., WCAFTC, Santa Ana, California,
 10 April, 1942.
 WC 210.1 x 000.7 1st Ind. A-rjw
 HEADQUARTERS, WEST COAST AIR FORCE
 TRAINING CENTER, 1104 West 8th Street, Santa
 Ana, California, 10 April, 1942.

To: *Commanding Officers, All Stations, This Training Center.*

1. For your information and compliance.
2. It is directed that the Surgeon of each station be given every assistance in this procurement program.

By order of Colonel Walton:

WM. L. TYDINGS,
Colonel A.G.D.,
Adjutant General.

2 Copies Each Staff Section and
 Each Division, AGO.

TO THE HESITATING DOCTORS*

Although your practice is immense
 And yields a golden recompense,
 The Call of Duty summons all
 To heed at once, their Country's call.

If riches you accumulate
 But let your army service wait,
 The Nazis soon will take it all
 And put you in the servant's hall.

If you continue to delay
 Your entrance in this bloody fray,
 Some day a Jap will shoot you down
 And rape your wife and burn your town.

Wake up! there is no other plan
 But join the Army, like a man,
 The slacker's name is hard to bear,
 While uniforms are nice to wear.

C.B.P.

Medical Men Told Need of Armed Forces

"By the time the Army goal of 8,000,000 men, set by President Roosevelt, is reached, almost all of the country's 62,000 physicians under 45 years of age will be needed to provide adequate medical service for the armed forces."

Dr. Harold S. Diehl of Minneapolis, Minn., a member of the directing board of Procurement and Assignment Service—a civilian activity operating as a Government agency—so informed a meeting of Southern California physicians and surgeons at the Biltmore yesterday.

Dr. Diehl's address was part of a panel which includes topnotch Army, Navy and civil life medical men, touring the large cities of the nation under American College of Surgeons auspices to tell doctors how they can best serve the war effort.

Thousands Needed

Dr. Diehl announced that 2500 physicians are wanted for the Air Corps by July 1 and thereafter 600 additional doctors every month for the balance of the year.

To meet these requirements and those of the rest of the Army, Navy, Marine Corps and other Government

branches, 16,000 doctors will be required by December 31, the speaker said.

Dr. Diehl pointed out that execution of a plan to provide maximum protection both for the armed services and the civilian population has been assumed by the medical profession itself.

"If we do the job," he stated, "the Government is willing to let us do it. If we fail, the medical profession must bear the blame, and another way will be found."

"Judging from the whole-hearted response, I am confident we will not fail."

Outlines Plan

He outlined the present plan as follows:

All members of the medical profession, and also dentists and veterinarians, will be asked to register with the Procurement and Assignment Service.

Registrants will then be classified as available or non-available for military service, the service acting in an advisory capacity but with the regular draft board having final jurisdiction.

Those assigned to military duty will be commissioned, those under 37 years of age generally as first lieutenants, and those between 37 and 45 as captains.

Nonregistrants, Dr. Diehl pointed out, will be subject to regular induction by draft boards, usually, he said, as privates.

Objective Told

The objective of the procurement assignment service is to provide adequate military personnel "but always with a view of not depriving communities of medical service, as was frequently done in the last war."

He indicated that the good of the community will be placed ahead of the physicians' personal status in making the selections.

"The general viewpoint of the service is to consider every doctor available for military service unless it can be definitely shown that he is essential to civilian needs," Dr. Diehl said, adding:

"This is especially true with respect to those under 45 and subject to the draft."—Los Angeles *Examiner*, April 19.

Doctors Are Needed on Home Front, Too

A plea that the home front be as well protected by doctors and nurses as the fighting fronts was made yesterday by Dr. Ray Lyman Wilbur, president of Stanford University.

Speaking before the California Conference of Social Work during a community organization section at the Civic Auditorium, Dr. Wilbur emphasized the necessity of striking a balance in distribution of medical skill.

"During the first World War Great Britain made the mistake of taking too many doctors from the home front," he said. "That should be a guide for us now. The absence of the proper proportion of doctors to care for the civilians at home is bound to have a very serious effect on civilian morale."

Dr. Wilbur urged that draft boards use more care in classifying men for the various services and "must be on the alert to seek out those who are mentally and physically equipped to carry on at home as physicians and surgeons."

Medical Training

During the same session Dr. A. J. J. Rourke, chairman of the hospital committee of the Emergency Medical Service, American Red Cross, declared that hospital capacities must be increased in anticipation of possible disaster here.

* These verses were in the envelope received on April 30th from the Ninth Corps Area headquarters, Fort Douglas, Utah, with the following long hand notation in upper left corner: "Worth publishing on the front page of CALIFORNIA AND WESTERN MEDICINE."

Excluding Government hospitals, he said, there are now some 5286 hospital beds available for civilian use in San Francisco. This present capacity, he continued, could be increased by 1931 beds, now considered obsolete equipment. In addition, he said, 2041 beds are now on order, bringing the city's maximum potential hospital capacity to 9000.

S. F. Will Be Center

After outlining what steps already have been taken for protection of local hospitals, Dr. Rourke stressed the need for more volunteer hospital workers. . . . —San Francisco *Chronicle*, April 24.

Blood Banks

The medical division of the U. S. Office of Civilian Defense will provide technical and financial assistance to California hospitals for the establishment of blood banks whose supplies and facilities will be used for the treatment of civilian casualties caused by enemy action, James C. Sheppard of the ninth regional office announced today. Dr. John Alsevar and Dr. Leonard Schelle will arrive in San Francisco Wednesday to begin preparations to equip 23 hospitals in the combat areas of the coastal states with local stores of blood plasma.—San Francisco *News*, April 25.

New Method for Immediate Recruitment of Medical Officers

For information concerning "New Method for Immediate Recruitment of Medical Officers," physicians who are interested should refer to Jour. A. M. A., May 2, 1942, on page 33, and for editorial comment to page 30, in same issue.

Medical Men Allocated

The task of allocating each medical man to the place where he can contribute most to winning the war—whether in the military establishments, other Government service, industry or civilian life—is being started during this first week of April.

Every physician, veterinarian and dentist in the United States—a total of some 270,000 persons—will receive a questionnaire from the Procurement and Assignment Service at Washington.

Details of the procedure were described by Lieut. Col. Sam F. Seeley, executive officer of the service, in an address before the Medical Society of the County of New York.

The P. and A. Service, as it is rapidly becoming known, was set up by order of President Roosevelt to be the central agency through which medical men find their places in the war. It is designed to prevent competition for expert personnel between the various branches of the military and to see that no community is left without adequate medical service.

In the first World War there were a number of critical situations due to the fact that certain communities were left with inadequate expert medical personnel. The intention is to see that this does not happen again.

To the credit of the American Medical Association, its members foresaw the trend of events as early as 1940. The A. M. A. was holding its annual convention in New York the week that France fell. Committees were immediately appointed, and a telegram was sent to President Roosevelt offering the services of the medical profession in the national emergency.

Soon the A. M. A. and the American Dental Association began, at their own expense, to create registers of their members for war service, assembling on punch cards

the necessary data as to their availability for military duty.

Colonel Seeley praised the Associations for this public-spirited activity, pointing out that it is doing much to speed up the work of the P. and A. Service.

But he emphasized the necessity for every medical man to return his questionnaire in April, regardless of whether he is already listed in the A. M. A. and A. D. A. files.

Hereafter, Colonel Seeley explained, no branch of the military or the Government will commission or engage a medical man without clearing the matter through the P. and A. Service.

The Navy, he said, will need 3000 doctors when its enlistments reach 500,000. The Army must obtain an additional 16,000 physicians by Dec. 1.

The Army Air Force, he added, had already requested the P. and A. Service to furnish it with 2500 medical officers by July 1 and to provide an additional 600 a month for the rest of the year.

Of these medical officers for the Air Force, 80 per cent must be under 36 years of age, the other 20 per cent between 36 and 45 if they are recognized specialists, particularly in traumatic surgery, ophthalmology or neuropsychiatry.—David Dietz in San Francisco *News*, April 2.

War Medicine: Doctors Asked to Register for Defense

The Nation-wide program gearing more than 200,000 members of the medical profession to the country's war effort was outlined to a thousand doctors, dentists, veterinarians and hospital workers of Northern California and Nevada here yesterday.

They were told the medical profession is facing "one of the gravest responsibilities in its history" and that it must and will meet the demands placed on it by a nation at war.

Those demands, primarily, are to supply the armed forces with the doctors they now urgently need, and to see that civilian populations throughout the emergency will have adequate and essential protection.

The speaker was Dr. Harold S. Diehl of Minneapolis, member of the directing board of the Procurement and Assignment Service, addressing a luncheon meeting of the War Sessions conducted by the American College of Surgeons at the Fairmont Hotel.

Three Objectives

The program, to be carried out by the Procurement and Assignment Service with the coöperation of the Army, the Navy and all Selective Service boards, comprises three major points:

1. Enrollment of every member of the profession.
2. The appraisal of the qualifications of every doctor, dentist and veterinarian with regard to his availability for the armed forces.
3. The appraisal of local needs to determine how essential he is to his community.

The Procurement and Assignment Service, Dr. Diehl said, was created by executive order of the President last year as "an intelligent planning agency to avoid critical disruption of medical care for the civilian population and to meet the needs of the armed forces."

It will operate, he said, through a structure of corps area, State and local committees, "giving the profession an opportunity to solve its own problems."

Commissions Given

"The job must be done," he declared. "If we can't do it, someone else will do it for us. It will be taken out of our hands."

He said every doctor enrolling will be considered available for duty with the armed forces, "unless it is definitely shown he is essential for the welfare of his community." Those assigned to military duty will be given

commissions, with men under 37 being commissioned as First Lieutenants and those between 37 and 45 being ranked as Captains.

Doctors who do not enroll with the service, he declared, are subject to army induction by the draft and will, of course, be privileged to apply for commissions.

Local draft boards have been advised to consult with the Procurement and Assignment Service when doctors in their districts come up for induction. If a doctor is not enrolled with the service, Dr. Diehl said, no recommendation will be passed back to the draft board and the board will have no alternative but to induct him as a private.

"And," he declared, "I don't think the Surgeon General's office will put everything aside to secure commissions for physicians who have been drafted."

Doctors' Dependents

Dr. Diehl urged all young doctors, however, to apply for commissions immediately, without waiting for the service enrollment, which will not immediately get under way. The enrollment forms are now being printed and will be sent to the profession as soon as possible.

Dr. Diehl, discussing the question of dependencies, declared that, as commissioned officers, doctors will receive incomes sufficient to prevent "undue hardships" on their families, and called upon them, in this time of war, to expect and willingly make whatever financial sacrifices are necessary to the Nation's welfare.

The luncheon was the feature of a day's program given over to morning and afternoon panel discussion of problems facing the medical profession and hospitals in the emergency.

The meeting, one of 25 being conducted throughout the Nation by the American College of Surgeons, concluded last night with a dinner which was followed by further panel discussions.

Principal speaker at the banquet was Dr. Howard C. Naffziger of San Francisco, member of the board of regents of the American College of Surgeons, who spoke on the activities of the college and their relation to the defense program.—*San Francisco Chronicle*, April 17.

Military Clippings—Some news items of a military nature from the daily press follow:

Surgeons' War Preparations Reviewed at Gathering Here

A "war session" of the medical profession was held yesterday in San Francisco when members of the American College of Surgeons reviewed medical provisions from the standpoint of war conditions and reported that adequate provision was being made for the demands imposed by actual battle conditions.

One of 25 similar meetings being held throughout the country, the session here brought from Dr. Frederick Hook—chief of surgical service, U. S. Naval Hospital in Washington—the declaration: "With increased recruiting, it is going to be necessary to double the present staff of 3000 men." He declared that the staff already had grown from 875 to 3000 men.

The present day system of providing medical care for the men at war was described as one which begins with first aid treatment at battalion stations within the lines and moves to medical battalions and collective stations and to general hospitals outside war zones. Mobile surgical hospitals have been introduced and are used where needed; provision of the hospitals on wheels is for 400 men. The use of air transport for wounded is being used under general orders for the first time.

More than one thousand representatives of all phases of the medical profession attended the meeting yesterday. Demands of the warring forces were revealed as being paramount in the eyes of the profession, but provision for civilians under emergency conditions followed closely in their consideration.

Enrollment and the checking of capabilities of the men in the profession and an appraisal of local needs from

their standpoint were pointed out as the next steps in making efficient the use of "medicine at war." Dr. Harold S. Diehl, representing the directing board of the Procurement and Assignment Service, told the doctors there is a strong need for trained and experienced men in both the armed forces and in the civilian fields.

Dr. Howard Naffziger of San Francisco addressed the night banquet meeting and told of the activities of the American College of Surgeons in the war effort. He is a member of the board of regents of the College of Surgeons.—*San Francisco News*, April 17.

* * *

'Doctors on Front Line Count in This War'

Far more than during the last war, it will be the front-line doctors who count in this war.

That was made plain by high medical men of the Army and Navy at a meeting of Southern California physicians and surgeons yesterday at the Biltmore Theater.

They spoke on a panel which has been traveling throughout the country to outline to doctors the part they must play for victory.

Describing the battalion medical officer as the key man in treatment of battlefield wounds, Colonel Hugh J. Morgan of the surgeon general's office, Washington, declared:

"His resourcefulness and courage in getting men back from the lines after battlefield treatment is a factor upon which much depends."

Mobility in War

Fixed plans and installations for medical treatment, such as field hospitals, can not be depended upon in highly mobile warfare to the same degree as in past wars.

Consequently the young medical officers up front will occupy positions of "greatest importance."

Sulfanilamide and others of the sulfa drugs have revolutionized treatment of wounded, Colonel Morgan pointed out.

"By sprinkling a few crystals of sulfanilamide on wounds—frosting them with it—surgical treatment can be postponed for many hours without development of serious infection," he said.

The anti-tetanus injections known to World War I veterans are now made unnecessary by effective vaccination at the time of a man's induction into the Army, Colonel Morgan declared.

This, he said, gives a lasting immunity which can be reactivated by another small injection at the time of injury. . . . —*Los Angeles Examiner*, April 19.

* * *

Doctors Tackle Problem of Services' Needs

The knotty problem of coordination of military and civilian defense needs was taken up here yesterday at one of the war sessions the American College of Surgeons has been conducting over the country.

Southland surgeons and hospital executives attended the sessions held at the Biltmore. These included technical addresses on treatment of wounds, fractures, shock and burns and general health measures in wartime.

Home Needs

Dr. Malcolm T. MacEachern of Chicago, associate director of the College of Surgeons, raised the question whether the removal of so many physicians and nurses from civilian life is not endangering the lives and health of workers at home, including children and mothers. Guards have been set up to see that this does not happen, Dr. MacEachern said.

"No physician is granted a commission in the Army or Navy until his application has been cleared through the Procurement and Assignment Service," he explained. "It is first determined whether dislocating that particular doctor would deprive the community of necessary service."

Aware of Shortage

"There is a complete awareness by the surgeons general of the Army and Navy of the shortage of physicians and surgeons, and they will cooperate in guarding the health of people at home, who should cooperate by practicing caution to avoid accidents, getting sufficient rest, right food and avoiding overfatigue, and getting small ills attended to by the family doctor before they become major ones and require hospitalization."

The community hospital as the natural center for civilian defense medical needs came in for special attention at the meeting. Dr. L. A. Scheele, San Francisco, urged them to make every effort to retain a safe number of trained staff members to protect the community in emergencies.

Services Explained

Dr. Harold S. Diehl, Minneapolis, member of the college's directing board, explained the functions of the Procurement and Assignment Service. He said 2500 physicians are wanted by the Air Corps by July 1, and after that 600 doctors every month. That with the demands of the Army and Navy and Marine Corps will take 16,000 physicians by Dec. 31, he estimated, and when the Army goal of 8,000,000 men is reached almost every one of the country's 62,000 doctors who is under 45 years of age will be needed by the armed forces.

The only source of physicians to meet any absolute deficiency for civilians would be the refugee doctors, many of whom from Germany and Austria are in the United States today. Dr. Diehl said that that is primarily a State matter, since the States license physicians.

Most of the States do not require United States citizenship, but there are many obstacles, Dr. Diehl explained, in putting the refugee medical men to work, their unfamiliarity with English and difficulty of determining their schooling and experience. The States require examinations before giving licenses to practice but that does not always determine a doctor's capability.

Capt. Frederick Hook, U.S.N., told how health affects efficiency in warfare; how the fighting ability of a ship's crew is conditioned by the physical and mental fitness of the crew. The larger part of a crew is composed of youths in their teens, he said, and the ship's doctors have to combat homesickness, a real ill, as well as actual disease.

Doctors Chafe

The doctors in the armed forces themselves are chafing under inactivity but Col. Hugh J. Morgan of the office of the Surgeon General of the Army said they soon will have plenty to do. He likened them to firemen who are usually inactive but when they are busy are very busy.

In treating military wounds, Col. Morgan said, sulphamillamide and other sulfa drugs are used, postponing the necessity of immediate surgery for several hours. Vaccinations developed since the last World War, he added, are going to prevent much disease in military service.—Los Angeles Times, April 19.

* * *

'Army Nurse No Job for Playgirl'

Washington, April 23.—The armed forces are great places for career women but not—definitely not—for playgirls.

With Congress at work on legislation permitting thousands of young women to join special branches of the Army or Navy, here is what Colonel J. O. Flikke has to say:

"Girls must come in with the idea that they want to give the best they have in the way of service. Those who are just seeking excitement or a good time won't do. The spirit of service should come first. As for a career—there isn't anything better."

Colonel Flikke knows. In civilian life she would be Mrs. Julia Flikke. She has not, however, been a civilian since she became an Army nurse in 1918 and served in France. Now she is the highest ranking woman officer in the Army.

A gray-haired matron with keen, calm eyes, she is superintendent of the Army Nurse Corps, which she directs with the aid of a lieutenant colonel, two captains, a first lieutenant and 25 civilian assistants, all women.

Her observations about service embraced all branches of the armed forces in which women may be called to serve but applied specifically to the ANC, which has existed in one form or another since 1898.

In the last war no nurse was killed by enemy action, but three were wounded and 272 died of accident or illness while in service. Thus far in this conflict Army nurses have gone wherever soldiers have gone.

Under Colonel Flikke's direction, the Army Nurse Corps has grown in two years from 700 to 10,280 and hopes to number 18,000 soon.

Army nurses must have been trained "in the best civilian schools"; with certain exceptions they must be in the 22-30 age group; they must be of good character and unmarried; they must be at least five feet tall and of standard weight for their age and height.

A nurse seeking appointment must be willing to serve for the duration of the war and six months afterward. If, as many have done, she falls in love with some Army officer and gets married, "we drop her."

Nurses start at the relative rank of second lieutenant with all the prerequisites of the grade. But they receive only \$840 a year plus maintenance and an initial issue of clothing and uniforms at the start, getting pay increases every three years until their salary reaches \$1560.—San Francisco News, April 23.

Eye Defects, Dental Deficiencies Cause Army Rejections

Chicago, April 2. (UP).—Dental deficiencies and eye defects accounted for more than one-third of the rejections for physical and mental causes among the first 2,000,000 registrants examined for general military service, a report by Army medical research men revealed today.

The report, published in the current journal of the American Medical Association, was based on a sample analysis of medical records of 19,923 registrants between the ages of 21 and 36. The sample was drawn from each state in proportion to total registration and represented a cross section of the registrants examined before May 31, 1941.

Approximately 1,000,000 men of the 2,000,000 registered were disqualified. Of those, 900,000 were rejected for lack of physical and mental qualifications. A total of 430,000 were qualified only for limited military service.

Dental deficiencies, according to the report, accounted for 188,000, or 20.9 per cent of the 900,000 registrants not qualified for general military service. Defects of the eyes disqualified an estimated 123,000 or 13.7 per cent.

A total of 27,031 defects were tabulated for the 19,923 men. No defects were recorded for 5,741 registrants or 29 per cent of the 19,923 examined.—Eureka Standard, April 2.

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Registration for All Men 45 to 64 in California

Approximately 800,000 male citizens and aliens between the ages of 45 and 64, inclusive, will sign up with local draft boards throughout California today, tomorrow and Monday as the Nation's fourth registration under the Selective Service Act gets under way.

The Californians will go to 2,500 registration places in the State. They, together with approximately 12,000,000 other middle aged and elderly registrants the country over, will not be signing up as possible additions to the Nation's fighting forces, but rather as potential conscripts in a vast citizen industrial army to back up younger men sent to the battlefields. . . .

Three main requirements for registrants to remember are:

1. Every male citizen and male alien who became 45 on or before February 16, 1942, and has not reached his 65th birthday on or before April 27, 1942, must register.

2. He should register at a designated registration place of the local board area in which he has his permanent home, or in which he may happen to be between the hours of 7 a. m. and 9 p. m. during the registration period.

3. He must answer all questions asked by the registrar for notation on the registration card, and in particular, carefully specify his home address.

Like other registrants of previous calls, he must have his registration card on his person at all times. Failure to possess the certificate or to show it to authorized persons is a violation of the Selective Service Act.

The week-end registration will consist simply of answering the following nine questions:

1. Name.
2. Residence.
3. Mailing address.
4. Telephone number.
5. Age and date of birth.
6. Place of birth.
7. Name and address of person who will always know his whereabouts.
8. Employer's name and address.
9. Place of business of employment.

When these questions have been answered, the registrant will be given a registration certificate which he must have in his possession at all times. These certificates will list each registrant's physical characteristics.

After the registrations have been completed, those signing up will receive some time in the future a complete questionnaire covering their occupational aptitude, qualifications and skills.

For War Industries

Federal Security Administrator Paul V. McNutt said: "When the information called for has been received, the United States Government will have for the first time a complete list of the occupational skills of the entire male population of working age. The United States Employment Service will then be able to locate men who have skills urgently needed by war industries and offer them an opportunity to transfer to war production jobs or to be trained for such jobs."

Arrangements are expected to be made soon for the registration of youths of 18 and 19, the only group covered by the Draft Act which has not yet been registered.

The act provides for eventual registration of all males between the ages of 18 and 64.

It is estimated there are about 1,200,000 youths between 18 and 19 in the Nation.

With 26,000,000 men from 20 to 44, inclusive, already registered for possible military service, the new registration will increase the Nation's reservoir of potential fighting men or civilian war workers to a total of approximately 38,000,000. . . —San Francisco *Examiner*, April 25.

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Priority List for Doctors

With great numbers of physicians called into military service, doctors may be placed on a priority basis to insure sufficient medical care for civilians, the California Medical association, now in convention 1,500 strong at Hotel Del Monte, was told today.

Convening in the convention pavilion, surrounded by army tents housing a complete field hospital unit from Fort Ord, the doctors began their discussion of medicine in time of war.

Dr. Harold A. Fletcher of San Francisco, chairman of the California division of federal procurement and assignment service, said that available doctors may have to be relocated in communities stripped of physicians by the armed forces.

All physicians who do not register with the service will receive little sympathy from selective service officials, he said. Registrants are classified as "available," those not essential to the community and available for military service or relocation in a community where they are needed; "not available at present," those temporarily essential to the community who may be relocated later; and "essential," those needed in a community.

Tremendous expansion of the civilian populations near war production cities, such as San Francisco, Vallejo, Los Angeles, and San Diego, demand increased medical service for civilians, while the armed forces are demanding increased numbers of doctors. . . —Monterey Peninsula *Herald*, May 4.

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Army and Navy in Need of Dentists

Total of 13,500 Must Be Drawn at Once

New York, May 13.—(AP).—The Army and Navy needs 13,500 dentists, a government official said today, and they must be drawn immediately from the 71,500 dentists now practicing in the nation.

"The present ratio in the Army of three dentists to 2000 men will probably be changed to one to every 500 men," said Comdr. C. Raymond Wells, chief dental officer, medical division of the selective service system. "Therefore, on the basis of an army of 5,000,000, it will need 10,000 dentists.

"The Navy, on a basis of 1,000,000 men, will need 2000. In addition, some 1700 dentists will be needed for administrative posts."—Los Angeles *Times*, May 14.

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Contract Surgeons

Record of Agnes Scholl Ruddock, M.D., Los Angeles

Twenty-four years ago the powers of the world signed treaties which, to our eager short-sightedness, appeared to climax a terrifying period in history and put a stop forever to war.

No matter what our convictions and desires were prior to Pearl Harbor Day, December 7, 1941, we know now that we must collectively and individually put every talent we possess to work to keep this present conflict from being a war of total engulfing destruction. . . .

If World War I experience is to be repeated, the Government will again call women as contract surgeons. . . .

Dr. Agnes Scholl Ruddock, who now lives in Los Angeles, has two children and is a physician with the Health Department of the City Schools. Her husband, Dr. John C. Ruddock, president of Los Angeles County Medical Association, has just been called for active duty with the Navy. Dr. Agnes Ruddock was a bride in New York City in 1918 and her husband was on active medical duty overseas. The story of her career in Army service is interesting enough surely to entice other women to sign up when the opportunity comes.

In a personal interview Dr. Ruddock said: "I began military service work in May, 1918, when I was at the Rockefeller Institute. It was my privilege to be the only woman doctor taking the special course given in medicine to army officers, as I was preparing to go into the Army as a contract surgeon.

The class consisted of about fifty army men, and a month's review was given of all the latest work in the main diseases of service life—namely, typhoid, pneumonia, meningitis, tropical diseases and serology. . . .

On January 1, 1919, the day when the *Northern Pacific* went aground on Fire Island, there was great excitement. My husband, Dr. John Ruddock, was one of the medical officers on that transport. The Hospital Debarkation No. 3 was expecting 2,000 wounded from the ship, the first large number of wounded brought back after the Armistice was signed.

Some of the members of the laboratory, including myself, were able to go down to the *Northern Pacific* on Fire Island. During the transfer of wounded from the ship to shore, a life boat capsized and some of the wounded were overcome and in bad condition, and we rendered first aid. Report of the experience was sent by a captain in the Navy to the Secretary of the Navy, and a letter was sent to me from Secretary of War Baker which is as follows:

CONTRACT SURGEON AGNES S. RUDDOCK,
United States Army:

The Secretary of the Navy has called my attention to your gallant conduct on the occasion of the grounding of the *U.S.S. Northern Pacific* on January 1, 1919, and desires me to convey to you the sincere appreciation of the Navy Department for your prompt action on this occasion in rendering first aid to those who were seriously affected by the capsizing of the boat transferring sick and wounded from the *U.S.S. Northern Pacific* to shore.

On behalf of the War Department allow me to add my appreciation of your valuable and praiseworthy service rendered on the occasion of the grounding of the *U.S.S. Northern Pacific* on January 1, 1919.

A copy of this letter will be placed with your efficiency record in the office of the Adjutant-General of the Army.

Sincerely yours,

(Signed) NEWTON D. BAKER,
Secretary of War.

Our work continued on overseas troops in the laboratory, and finally, when the work lessened, we had a course of instruction in laboratory methods for Army medical officers of the port and compiled a book of late methods of laboratory technique.

Debarkation Hospital No. 3 closed in June, 1919. After that the work was light, and we were discharged in October, 1919." . . —The *Medical Women's Journal*, February, 1942.

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Dr. Wilbur: More Action, Less Talk!

Stanford University, May 7.—Dr. Ray Lyman Wilbur, chancellor of Stanford University and a distinguished physician, today examined a patient and presented a diagnosis.

The patient: America at war.

The diagnosis, in part:

Too little action too late, too much talk too early.

Not enough appreciation, even at this late date, of the dangers facing the country.

Not enough cooperation in the right directions by college students, and too much cooperation in the wrong ones.

"People still do not appreciate the dangers which face California," he told a student body assembly. "They do not realize the damage which can be done to our forests and our other natural resources. Our State Guard would have been on an entirely different basis from the start if people had understood the situation."

He criticized many technically-trained students for breaking out with the wrong variety of patriotism. "We must have chemists, physicists and trained men in other fields," he declared. "If all of the qualified college men go into the armed services, and some of them also are qualified for vital civilian occupations, we may have trouble recruiting men for the professional services which we must have."

This is not going to be a short war, he told the students. "It is going to be a long, long war, and everyone has an intimate part in the program. Women must play an important part—they might even be drafted, sooner or later."—San Francisco *Chronicle*, May 8.

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2,439,600 Sign in State Draft

Sacramento, May 11.—(AP).—California has registered a total of 2,439,600 men for war-time combatant and noncombatant duty since October, 1940, State selective service headquarters announced today.

Of the total, 1,549,147 men are subject to call for war combat duty, and 890,453 men—those between the ages

of 45 and 64 inclusive—are subject only to noncombatant service, officials said.

The four registration periods and their resultant totals are:

October 16, 1940, for men between the ages of 21 and 35 inclusive, 955,871; July 1, 1941, for men who became 21 since October 16, 1940, 49,077; February 14-16, 1942, for men between 21 and 44 inclusive, 544,699, and April 25-27, 1942, for men between 45 and 64 inclusive, 890,354.—San Francisco *Examiner*, May 12.

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Women in War: Services Need 1000 More Nurses Every Month!

Ten thousand graduate nurses are on duty now with the army and navy but a thousand a month more are needed for the same type of work. The times offer American nurses the greatest opportunity they have ever had.

This is the statement of Miss Mary Roberts, director of the nursing information bureau of the American Nurses Association. Out in the Far East, American nurses are fighting malaria and caring for the bombed and burned. They are voyaging on hospital ships in armed convoys, tending wounded soldiers, sailors and refugees. Wherever American fighting men go, a contingent of nurses follows them.

The United States Government has called for 55,000 student nurses for the school year of 1942-43 and the nurses associations have been told to get ready to train 65,000 new ones in the year to follow.

War time demands have already taken thousands from civilian hospitals and their staffs are below their normal peacetime quotas. . . .

Most nurses, who wish to do military service, enroll with the Red Cross. . . .

Qualifications for war services are rigid. An army or navy nurse must be an American citizen, single, divorced or widowed, between the ages of 21 and 40. She must be a graduate of a qualified nursing school and must be in A-1 physical condition.

All war time nursing does not call for service at the front. Thousands of registered nurses are required in over-crowded industrial areas and city hospitals trying to hold up the level of civilian health.—San Francisco *Chronicle*, May 3.

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Decontamination of Eyes After Exposure to Lewisite and Mustard

(COPY)

OFFICE OF CIVILIAN DEFENSE

Washington, D. C.

To Editors of Medical, Hospital and Related Journals:

The Medical Division of the Office of Civilian Defense wishes to bring the following information to the attention of the medical profession:

Since publication of the Office of Civilian Defense handbooks, "First Aid in the Prevention and Treatment of Chemical Casualties" and "Protection Against Gas," further experience has shown that the 2 per cent solution of hydrogen peroxide recommended for the treatment of eyes following Lewisite burns may be injurious if used undiluted. The Chemical Warfare Service now recommends a single instillation in the eyes of a 0.5 per cent solution of hydrogen peroxide as soon as possible after contamination with Lewisite. This solution may be prepared by diluting one part of a 2 per cent solution with three parts of water, or one part of a 3 per cent solution with five parts of water. The solution usually found in drug stores is the U. S. P. strength of 2.5 to 3.5 per cent hydrogen peroxide. A 0.5 per cent solution of potassium permanganate has also been found effective as an eye instillation following exposure to Lewisite.

In planning decontamination stations, the Medical Division, Office of Civilian Defense, recommends that provision be made near the entrance of the second or shower room for the irrigation of the eyes of contaminated persons. The schematic sketch of a decontamination station in the Office of Civilian Defense publications mentioned above shows the irrigation of eyes in the dressing room, whereas this should be carried out in the second or shower room before the bath is given. Delay until the casualty reaches the dressing room will result in more serious injury to eyes which have been contaminated with mustard or Lewisite.

COMMITTEE ON MEDICAL DEFENSE

The *New York State Journal of Defense*, in its issue of April 1, 1942, printed the Annual Reports of the Medical Society of the State of New York. (New York, unlike California, has clung to its original name. Former name of the California Medical Association was "Medical Society of the State of California.")

The report of the New York Committee on Malpractice Defense and Insurance Comments on the experience with group insurance maintained through a medical society, and also on the liability of physicians who are in the armed forces, concerning possible malpractice suits based on service rendered by them in the course of military duty.

Because there is so much misunderstanding on this point, the Editor of CALIFORNIA AND WESTERN MEDICINE is reprinting excerpts from the New York report for the information of California physicians.

* * *

Soldiers Can Make Malpractice Charges

At the present time, when an increased number of members are being called into active service with the armed forces, the following opinion of the Judge Advocate General of the Army will be of special interest:

"A person in the military service may claim that an officer of the medical corps has in some manner been guilty of malpractice in treating or examining him in the line of duty. A similar claim for alleged malpractice may be pressed against an examining physician for a local Selective Service board by a selectee called before that board. The fact that a person is in the military service, or is in the course of being inducted therein, does not prevent him from asserting his civil rights so long as the interests of the service or of national defense are not concerned. Hence, the Judge Advocate General of the Army has held that members of the Army are entitled to the same civil rights of action among one another with reference to suits for malpractice or negligence as they would have in civil life.*

"Without doubt the same degree of care, diligence, and professional ability required of any physician with respect to the care of patients in civilian life is required by law of a medical officer of the Army, or of an examining physician for a local board, in his care or examination of a member of the service or of a selectee called for the purposes of induction. For a departure from such standard resulting in harm to the patient the medical officer or the examining physician would be liable in a civil suit by the aggrieved patient the same as though both the patient and the physician were in civil life. The medical officer, then, in the Army and the physician acting for a local Selective Service board by virtue of his service or function stand in no different position with respect to answerability to his patients from that of a physician acting solely in a civil capacity.

"However, were a malpractice claim to be pressed against an army medical officer or an examining physician for a local board for alleged malpractice in the performance of his official duties, the government itself would no doubt provide defense for the physician accused. It has been the practice of the Attorney General, in the past, to provide, on the request of an interested government department or agency, defense for government officers or agents in civil suits arising out of the activities in the course of the discharge of their official duties. A communication from the office of the Judge Advocate General of the Army dated May 1, 1941, indicates that

* J. A. G. 707, March 6, 1934.

in the past the War Department itself has not undertaken the defense of a civil suit for malpractice brought against a member of the medical corps, but that the defendant medical officer has had the right to have the case removed to a federal court and to be defended by a United States attorney designated by the Department of Justice. If, however, according to this communication, a judgment was to be rendered against such a medical officer, there is no provision by law by which the judgment could be paid by the government or by which the defendant physician could be reimbursed by the government."

Malpractice insurance in the Society's Group Plan will extend protection to policyholders *wherever they may be*. It will also protect members on account of suits against them because of the acts of other insured members in whose care they leave their practice.

Malpractice defense, however skillful, is only half of the protection needed by a practicing physician in this state, because not all suits of claims are resolved in favor of the defendants. A few are lost, but many are compromised because they are of such a nature that public defense would do more harm to the doctor's standing in his community than would a quiet settlement out of court. In such cases in New York State, an uninsured doctor must bear the cost of settlement and all expenses incident to defense except, of course, fees for legal counsel.

Great wars reach into and disturb the economic balance of every phase of human existence in all countries. It is not easy to trace the course by which some elements are disturbed, but the results are clearly discernible. It is easy to understand, for example, why marine insurance with its attendant war-risk losses is profoundly affected, but it is not so easy to understand why the general unrest should cause an increase in the cost of malpractice insurance, but our most carefully compiled loss tabulations indicate that to be a fact. While there has been a noticeable decrease in the number of suits and claims against members of the State Medical Society, the cost of disposing of them has considerably offset that favorable factor. The over-all result of the operation of the Group Plan of the State Society up to date indicates that some increase in the base rate has become necessary.

Analysis of our loss costs developed the fact that losses, on account of plastic surgery and particularly that which, for want of a better term, is referred to as "cosmetic" surgery, have grown to be far in excess of those for all other branches of medical practice, with possible exception of x-ray therapy. Had it not been for those losses, it is possible that a small reduction could have been made in the Group Plan rate at the present time.

This situation has made it necessary for the Yorkshire Indemnity Company to amend the master policy so as to exclude all losses on account of plastic surgery, except those arising by reason of the performance of operations for the purpose of "remedying conditions caused by trauma, or by congenital deformities, or by demonstrable pathological lesions." At the same time, arrangements were made so that members whose practice regularly includes "cosmetic" surgery, and who have clearly demonstrated their competence to pursue that specialty, could secure protection, by endorsement added to their individual insurance, for an additional premium equal to 50 per cent of their annual premium. This follows the principle, adopted in 1924 with respect to x-ray therapy, of allocating increased charges against specialties responsible for excessive loss experience.

Because of this adjustment, the forthcoming increase in the general rate will be small. Although the new rate computations have not yet been completed, it appears that some further reduction may be made in the expense element which will exert a further modifying effect upon the ultimate rate.

Malpractice protection to be effective must combine sound indemnity and skillful legal defense. That is the great lesson learned by the State Medical Society following the last war. It was to provide such a combination that the Group Malpractice Insurance Plan was organized by the Society in 1921. And since, for the first time in insurance or medical history, these two elements of protection were brought together under the supervision and direction of organized medicine the Group Plan has lived and grown stronger through each of its twenty years of existence. As this plan of ours approaches its twenty-first birthday, it can be said that no undertaking of the State Medical Society has accomplished more for its members.

It has furnished sound, safe, and reliable financial protection. It has maintained, with the help of the Society, the finest legal defense for doctors to be found any place in the world. It has made possible the continuance of free malpractice defense for uninsured members of the Society. It has relieved the members from worry on account of malpractice actions against them and allowed them to devote their full thought and energies to their professional work, with no haunting fear of a courtroom. Since every member of the Medical Society of the State of New York, whether insured or not, benefits by the existence and sound growth of the Group Plan, every member of the Society owes to it his loyal backing and support.—*New York State Journal of Medicine*, April 1, 1942.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

California Heart Association

Due to pressure for space, the excellent program of the annual meeting of the California Heart Association, held in Del Monte on Sunday, May 3rd, did not appear in the April issue of CALIFORNIA AND WESTERN MEDICINE. However, the full program was given space in the Convention program (on page 23). Through the courtesy of the C. M. A. Committee on Scientific Work, the services of Dr. Wallace M. Yater, Professor of Medicine at Georgetown University Medical School, Washington, D. C., were made available to the Heart Association. The attendance at the two meetings of the California Heart Association is evidence of the increasing interest physicians are taking in the work of this affiliated organization. Program follows:

Sunday, May 3, 9:30 a. m.

Guest speaker—Wallace M. Yater, M. D., Professor of Medicine, Georgetown University, Washington, D. C.
I. *Electrocardiographic Studies*:

1. *The Electrocardiogram in Diabetic Acidosis*—B. Eugene Levine, M. D., Los Angeles.
2. *The Electrocardiogram in Hyperthyroidism, 160 Cases*—Gilbert S. Gordan, M. D., San Francisco, Mayo H. Soley, M. D., San Francisco, and Francis L. Chamberlain, M. D., San Francisco.

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

3. *The Effect of Potassium Administration on the Electrocardiogram and on Ectopic Beats after Digitalis Administration*—John J. Sampson, M. D., San Francisco, and Benjamin Kondo, M. D., San Francisco.
4. *The Electrocardiogram in the Hyperventilation Syndrome*—William Paul Thompson, M. D., Los Angeles.
- II. *Auricular Flutter in Childhood*—James H. Thompson, M. D., San Francisco, Francis L. Chamberlain, M. D., San Francisco, and William J. Kerr, M. D., San Francisco.
- III. *The Importance of Age in the Relative Frequency of Various Congenital Cardiac Lesions*—Lewis T. Bullock, M. D., Los Angeles.
- IV. *An Experimental Study of the Actions of Drugs upon Coronary Blood Flow*—Clinton H. Thienes, M. D., Los Angeles, Howard F. Wilkins, M. D., Los Angeles, and Raoul Escobar, M. D., Los Angeles.
- V. *A New Method for Statistical Research*:
 1. *Report on Cartoid Sinus Sensitivity Accidents*—John Martin Askey, M. D., Los Angeles.
Luncheon Recess, 12:00 Noon
Afternoon Session, 1:30 p. m.
- VI. *Electrocardiographic Studies*:
 1. *The Electrocardiogram in Coarctation of the Aorta*—Richard D. Friedlander, M. D., San Francisco.
 2. *Significant Electrocardiographic Changes Following Exercise in Angina Pectoris*—Arthur R. Twiss, M. D., San Francisco, and Maurice Sokolow, M. D., San Francisco.
 3. *Correlation of Electrocardiographic Interpretations with Autopsy Finding in 230 Cases*—George D. Barnett, M. D., San Francisco, and J. Marion Read, M. D., San Francisco.
- VII. *Observations on the Rhythmic Property of the Human Heart*—Morris H. Nathanson, M. D., Los Angeles.
- VIII. *Study of the Circulation in Acute Myocardial Infraction*—Arthur Selzer, M. D., San Francisco.
- IX. *A Re-evaluation of the Serologic Status in Syphilitic Heart Disease*—Walter Beckh, M. D., San Francisco.
Annual Business Meeting—5:00 p. m.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (101)

Alameda County (1)

E. K. Ward, *Oakland*

Butte-Glenn County (1)

Louis C. Olker, *Chico*

Contra Costa County (2)

H. L. Carpenter, *Richmond*

Ralph M. Glass, *El Cerrito*

Fresno County (5)

Victor A. Badertscher, *Fresno*

Sidney Falk, *Fort Ord*

Egil Hanssen, *Reedley*

Thomas Klein, *Madera*

Samuel Ross, *Fresno*

Inyo-Mono County (1)

Joseph W. Telford, *Bishop*

Kern County (2)

Mary Griset, *Wasco*

Mary Owens, *Oildale*

Los Angeles County (35)

Clarence Henry Albaugh, *Los Angeles*

W. Clyde Allen, *Los Angeles*

Albert Anton, *Los Angeles*

Arthur Thomas Bailey, *Los Angeles*

George Edward Beckerman, *Santa Monica*

Kenneth Joseph Cosgrove, *Los Angeles*

Edward Harrison Crane, Jr., *Los Angeles*

John Sangster Darby, *Los Angeles*

Clarence Hugo Folsom, *Alhambra*

Thomas Brewster Keller, *Glendale*

Harry Walton Bryan Kirby, *Los Angeles*

Marvin Dee Knoll, *Los Angeles*

Delia Lynch, *Los Angeles*

Allen I. Mann, *Los Angeles*

Thomas Reynold Martin, *Hawthorne*

Leo L. Mayer, *Los Angeles*

Edward Austin McManus, *Los Angeles*

Harry A. Miller, *Los Angeles*

John Everett Miracle, *Glendale*

Harold Arthur Mourer, *Bellflower*

Thomas Myers, *Huntington Park*

Jacob Kirk Pearson, *Santa Monica*

Robert Alan Phillips, *Los Angeles*

Louis Shapiro, *Los Angeles*

Joseph A. Smaha, *Santa Monica*

Kenneth Leslie Stout, *Los Angeles*

Edward Lamont Sugar, *Los Angeles*

P. Harold Sunde, *Los Angeles*

Reuben T. Swenson, *Los Angeles*

A. Peter Thompson, *Maywood*

M. E. Trainor, *Los Angeles*

George Meredith Uhl, *Los Angeles*

Margaret Almina Van Atta, *Los Angeles*

Francis A. Walls, *Maywood*

Clyde Orthur Wood, *Beverly Hills*

Marin County (3)

A. B. Goddard, *Mill Valley*

Howard Hammond, Jr., *San Rafael*

Hubert F. Schwarz, *San Anselmo*

Merced-Mariposa (1)

J. L. Mudd, *Merced*

Monterey County (6)

L. P. Davlin, *Gonzales*

Burton E. Kitchen, *Salinas*

Ralph E. Pray, *Salinas*

George R. Sasaki, *Salinas*

W. Teaby, *Monterey*

Hearley H. Thomas, *Spreckels*

Napa County (4)

Robert W. Boggs, *St. Helena*

Edward W. Hoehn, *Sanitarium*

Harold E. James, *Sanitarium*

Clara Radabaugh, *Sanitarium*

Orange County (2)

LeRoy R. Allen, *Orange*

S. Theron Johnston, *Santa Ana*

Sacramento County (2)

Dan O. Kilroy, *Sacramento*

Max L. Salvater, *Sacramento*

San Bernardino County (2)

O. A. Bosshardt, *Ontario*

Charles E. Carmack, *San Bernardino*

† For roster of officers of component county medical societies, see page 4 in front advertising section.

San Diego County (6)

Maurice J. Brown, *San Diego*
 W. W. Cooper, *San Diego*
 Robert C. Gribble, *San Diego*
 E. J. Stevens, *National City*
 George R. Turner, *San Diego*
 Ernest A. Wagner, *National City*

San Francisco County (15)

Hymer L. Friedell, *San Francisco*
 Nathan Baruch Friedman, *San Francisco*
 Otto E. Guttentag, *San Francisco*
 Edward E. Hause, *San Francisco*
 Olav Kaarboe, *San Francisco*
 Julius A. Katzive, *San Francisco*
 Paul H. Reinhardt, *San Francisco*
 John L. Reynolds, *San Francisco*
 Leslie Riechel, *San Francisco*
 Newton Hart Shapiro, *San Francisco*
 Allen Hyman Sherman, *San Francisco*
 Kenneth Clark Strong, *San Francisco*
 Bernard James Sullivan, *San Francisco*
 Walter P. Work, *San Francisco*
 David S. Zealear, *San Francisco*

San Joaquin County (1)

G. N. Pierce, *French Camp*

San Luis Obispo County (1)

H. McGarvey, *Atascadero*

Santa Barbara County (4)

Wm. Raby Johnston, *Santa Barbara*
 Sanborn G. Kearney, *Santa Barbara*
 Charlotte Singer-Brooks, *Santa Maria*
 W. Gordon Smith, *Santa Barbara*

Santa Clara County (1)

Gordon D. Billingsley, *Los Altos*

Shasta County (3)

Amos Raymond Henry, *Project City*
 Harry Thornton Hinman, Jr., *Redding*
 Everett Burr Myer, *Shasta Dam*

Sonoma County (2)

Frederick E. Ems, *Petaluma*
 Victor E. Koerper, *Santa Rosa*

Yuba-Sutter-Colusa County (1)

William W. Ornduff, *Marysville*

Transfer (4)

Dale Emerson Barber, from Alameda County to Mendocino-Lake County
 Justin A. Frank, from San Luis Obispo County to Santa Barbara County
 Alfred Sand, from Imperial County to San Diego County
 Rudolph Benedict Toller, from Napa County to Mendocino-Lake County

Retired Members (1)

Frederick J. Crease, *Kern County*

Life Members (3)

Lula T. Ellis, *Los Angeles County*
 W. E. Lilley, *Merced County*
 A. S. Parker, *Merced County*

California in 1924. Doctor Kelleyan was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

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Stoddard, Thomas Albion. Died at Berkeley, April 7, 1942, age 64. Graduate of the University of California Medical School, 1907. Licensed in California in 1907. Doctor Stoddard was a member of the San Francisco County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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Wagner, Andrew Fremont. Died at Los Angeles, March 28, 1942, age 75. Graduate of the University of Pennsylvania School of Medicine, Philadelphia, 1899. Licensed in California in 1905. Doctor Wagner was a retired member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

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Webber, William Taylor. Died at Long Beach, March 26, 1942, age 45. Graduate of the University of Nebraska College of Medicine, Omaha, 1922. Licensed in California in 1923. Doctor Webber was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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OBITUARIES**Harry I. Wiel****1880—1942**

In the recent death of Harry I. Wiel, San Francisco lost one of her most colorful medical figures. He died at his home, in Clay Street, of generalized arteriosclerosis, after an illness of over two years. Brilliant, intuitive and impatient, nothing in his whole life tried his spirit as did his last illness. He was so familiar with every phase of the disease that there was no way in which his sensitive feelings could be spared, and his family and friends suffered with him day after day. It was a death he would not have wished for his worst enemy, if he had had an enemy.

He was born in San Francisco on November 24, 1880, the youngest of a family of five sons, all of whom are, or have been, prominent in the life of this city, and some of whom are widely known in law and in business. He was educated in the public schools, and was graduated from Stanford in the famous class of 1900, after completing the four-year course in three years.

His musical talents, which—in later years, were such a source of pleasure to his friends—were manifest very early, and he had the best instruction available in San Francisco; but when he wished to make a career of music his father insisted that such a course was frivolous, and demanded that he study something less aesthetic, as his brothers had done before him. He chose medicine and entered the Johns Hopkins University School of Medicine in the fall of 1901, when Hopkins was at its apogee. He soon became a favorite pupil of Osler, but had considerable difficulty with Kelly and his department. By arduous effort, however, he satisfied the requirements, and was graduated in 1905, the year Osler left for Oxford. After his graduation he went to Harvard for postgraduate work; but when it was found that he was devoting more time to music than to medicine, he was summoned home. He was licensed to practice in California the same year.

In Memoriam

Kelleyan, Jacob Kevork. Died at Los Angeles, April 2, 1942, age 59. Graduate of the American University of Beirut School of Medicine, Syria, 1905. Licensed in

Much of the medicine that was practiced here in those days was definitely held over from the prescientific era, although many of the leading practitioners were anxious to have the benefit of scientific methods, and the young Dr. Wiel was called in consultation by several of the more august of these. The consultations did not turn out well and were not continued, partly because of Wiel's intense dislike of pretense and sham, and partly because of his irresistible tendency to see a ludicrous side to even the most solemn situations.

In 1909 and 1910 he went abroad, and while he visited the continent, he was fascinated by the work of Sir James MacKenzie on the heart, and by that of A. R. Cushny on digitalis, and so he spent most of his time in Great Britain.

On his return, he was appointed to the medical staff of the University of California, where he taught clinical medicine from 1918 to 1927.

Much of his professional activity was lavished on the poor and the needy, and no one ever appealed to him in vain, for his sympathy was boundless. He was generous to younger members of the profession and always did his best to help them in any way that lay within his power. There are many who will miss him profoundly.

GEORGE N. HOSFORD.



Lionel Prince 1887—1942

A few months ago Lionel D. Prince studied some x-ray films of his skull and back. With characteristic wit and fortitude, he made his final orthopedic diagnosis: Multiple myeloma.

His death on March 6, 1942 ended prematurely the career of an orthopedic surgeon, who was respected and welcomed by his contemporaries, not only for his unusually fine practical knowledge and excellent technical judgment in orthopedics, but also because his personality emanated cheerfulness, sincerity and fine fellowship.

Dr. Prince was born at Eureka, California, February 13, 1887. He received his degree in medicine from the University of California in 1912. After a few years in general surgical practice he undertook postgraduate work in orthopedic surgery at Harvard Medical School and other Eastern centers. Soon after the outbreak of World War I, Doctor Prince entered the United States Army Medical Corps and for over a year was an orthopedic surgeon at the British Military Reconstruction Hospital at Edmonton, England. He was discharged from military service in October, 1919, with the rank of Major, and returned to San Francisco to resume the practice of his specialty.

The increased importance and widened scope of the specialty of orthopedics is due entirely to the pioneer work of men like Lionel D. Prince. Though his written contributions were not numerous, recognition of his clinical ability and practical contributions to his specialty are seen in his election as Vice President of the American Academy of Orthopedic Surgery, and President of the Western Orthopedic Association in 1935. He was a Fellow of the American College of Surgeons and a Diplomat of the American Board of Orthopedic Surgery. He was active in many national, professional and fraternal organizations.

At the time of his death he had been for many years Chief of the Orthopedic Service at Mount Zion Hospital, and Consultant Orthopedic Surgeon to the Santa Fe Railway Company and the Western Pacific Railroad.

His death leaves us with fine indelible memories, which we hope will continue to inspire his younger associates, so that ultimately the loss to our profession can be replaced.

FRANKLIN I. HARRIS.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. HARRY O. HUND.....President
MRS. RENE VAN DE CARR.....Chairman on Publicity
MRS. ROSSNER GRAHAM...Asst. Chairman on Publicity

State Convention Report—Thirteenth Annual Session

May 3-6, 1942

Although a solemn note prevailed during the Thirteenth Annual Session of the Woman's Auxiliary to the California Medical Association, the program planned by Mrs. John C. Sharp, Convention Chairman, furnished so much relaxation and entertainment that all who attended enjoyed a very happy holiday. Never before have the topics discussed been more interesting or unity of purpose more stressed.

On Monday morning, May 4, many of the doctors' wives were present at the Opening Session of the California Medical Association. At that time a check for \$735.00 was turned over to the Physicians' Benevolence Fund of the California Medical Association by Mrs. Harry O. Hund, State President of the Woman's Auxiliary.

Some of the women participated in the Golf Tournament which was played on the beautiful Del Monte Course. A Bridge Party held on the mezzanine floor of the Del Monte Hotel, in the afternoon, was well attended. Later in the evening, doctors as well as their wives "hissed the villain and cheered the hero" in "Deserted at the Altar" which was staged in the Bali Room, Del Monte Hotel. This entertainment was given in honor of Mrs. Henry S. Rogers, wife of the President of the California Medical Association.

On Tuesday morning, May 5, at nine-thirty o'clock, the first general meeting of the Thirteenth Annual Session of the Woman's Auxiliary was called to order by the President, Mrs. Harry O. Hund of San Rafael. Following this meeting, which was held in the new Pavilion Auditorium, a buffet luncheon honoring Mrs. Harry O. Hund was served near the Roman Plunge. In the absence of Mrs. A. E. Anderson, Mrs. Clifford Wright of Los Angeles presided. Outstanding speakers included Dewey R. Powell, M. D.; William R. Molony, M. D.; and George H. Kress, M. D.

In the afternoon a tour of the Pebble Beach famous gardens was enjoyed by a large group. As one walked through these lovely gardens, that reach out to the sea, it was hard to believe that this beauty spot of California could ever be marred by the violence of war.

The President's dinner on Tuesday night, with such splendid music and entertainment, was a gala evening.

On Wednesday, May 6, the second meeting of the Thirteenth Annual Session of the Woman's Auxiliary was held, with the President, Mrs. Harry O. Hund, presiding. During this meeting resolutions were read by Mrs. William C. Boeck and adopted by the House of Delegates. The actions taken were as follows:

1. That the County Auxiliaries in turn assume responsibility for State Conventions; so that Monterey County may be relieved of the duties which they have performed so well during the past years.

† Reports of county chairmen of publicity should reach Mrs. Rossner Graham, Assistant Chairman of Publicity, 6101 Acacia, Oakland, by the tenth of the month previous to publication. Address of the Chairman of Publicity: Mrs. Rene Van de Carr, 51 Prospect Road, Piedmont. For roster of state and county officers, see page 6, in front advertising section.

2. That a sufficient amount be drawn from the State Auxiliary savings account to purchase thirteen war bonds in the name of the Auxiliary.

A luncheon at Pebble Beach Lodge, honoring Mrs. F. G. Lindemulder, President-Elect, concluded the activities. Mrs. Hobart Rogers, Past President, presided. Clarence E. Rees, M. D., spoke on "New Drugs." Other speakers on the program were Harvey E. Billig, Jr., M. D., who is on assignment with the U. S. Navy, and J. G. Wooley, Executive Secretary of the Los Angeles County Chapter of the National Foundation for Infantile Paralysis.

News Items

Alameda County has planned its last meeting of the year around the President's annual report and the installation of new officers and directors. A musical program by a trio, composed of Helen Shutes, Florence Briggs Russell, and Mary Barnard Jacobus, will follow the business meeting.

In April the Auxiliary inaugurated a new activity with the Oakland Hospitality House for men in the service. Hostesses, workers and food are to be furnished from the membership on the third Tuesday of each month from eleven in the morning until ten in the evening. Members of the Auxiliary have planned to continue this gratifying service throughout the summer.

Dr. Hyman Ginsburg, of the County General Hospital, spoke on the Blood Bank to members of the Fresno County Auxiliary at the April meeting. He told how the bank worked and how it could be financed and of the necessity of the Auxiliary keeping up the public interest after the first enthusiasm may have cooled. Dr. Ginsburg had just returned from Minnesota where he had observed the work of Miss Elisabeth Kenny, the Australian nurse, in the treatment of infantile paralysis. The County plans to send a nurse to be trained in her method.

Humboldt County Auxiliary has planned a Red Cross benefit to be held at the Eureka Inn, in April. Mrs. Manary will read a play recently seen on Broadway and now playing in San Francisco.

Kern County Auxiliary members entertained the wives of doctors attending the Postgraduate Conference in March. Luncheon was held in the Desert Room of the El Tejon Hotel in Bakersfield and Mrs. Harry O. Hund, State President, was guest of honor.

Dr. Wallace D. Hunt, of San Francisco, gave a talk on Civilian Defense and those interested in the medical procurement and assignment were invited to hear Dr. Harold A. Fletcher speak on "California Procurement and Assignment Service."

Later in the week, those attending the conference were entertained by a dinner dance in the Spanish Ballroom of the El Tejon Hotel.

Members of the Pasadena Auxiliary entertained the Los Angeles Auxiliary at Luncheon at the Annandale Golf Club in Pasadena in April.

The program was a Victory one, with patriotic music and decorations of red, white and blue lillies. General Lansing H. Beach was speaker and chose as his subject, "Patriotism, Theoretical and Actual."

The County Auxiliary has purchased type F Government bonds to the amount of \$600.00. Mrs. William C. Boeck, President, announced that eighty-nine new members have joined the Auxiliary this year.

The home of Mrs. E. P. Gocher in San Rafael, was the setting of a "bring your husband dinner" which members of the Marin County Auxiliary enjoyed in April. The dinner party was followed by dancing or bridge for those who preferred to play cards.

The regular April meeting was held at the Blue Rock Hotel in Larkspur. Mrs. Chester DeLancy spoke on Cancer Control and the Auxiliary voted \$10.00 to that fund. Mrs. Alex Miller, whose husband is attending physician at San Quentin, is County Commander for Cancer Control and has done a splendid piece of work in organizing the whole county.

Mrs. Katherine Means was speaker of the evening with "Recommended Reading" as her subject.

At the February meeting of the Merced County Auxiliary, Mrs. A. S. Parker gave an interesting description of the trip she and Dr. Parker made to the Hawaiian Islands in October. Mrs. Roy Peck reviewed the novel, "Dragon Seed" by Pearl Buck.

Mrs. Peck again entertained the members at the March meeting, held at the Tioga Hotel, when she read a very amusing monologue, "A Doctor's Wife at the Telephone."

San Francisco County Auxiliary held its annual desert-bridge party at the County Medical Building on Washington Street, in April. The blue and gold of the University of California and the red and white of Stanford University were combined in decorative theme as the party was a benefit for the scholarships given each year to the medical schools of both colleges.

Mrs. Frederick D. Fellows was chairman for the affair with Mrs. Edmond Mahon as co-chairman, and Mrs. Maurice Korshet in charge of decorations.

Through the season, San Joaquin County Auxiliary has held a series of meetings in the homes of various members. A co-hostess plan was worked out, thus dividing the responsibility of these meetings.

Much has been accomplished in the various phases of war work, such as knitting, sewing and bandage making. Also, several of the members have been giving courses in home nursing and several are leaders in canteen and nutrition work. A successful year has been completed for Hygeia.

San Mateo County Auxiliary held its April meeting at dinner at the Benjamin Franklin Hotel with Dr. Ralph Soto-Hall of San Francisco heading the program. Dr. Soto-Hall is a faculty member of the University of California Medical School, and also Secretary to the Pan American Medical Society.

San Mateo is very proud of having an one hundred per cent membership of eligible wives.

Members of the Santa Barbara County Auxiliary met for luncheon at the El Paseo in April. Officers for the coming year were elected and delegates chosen for the State Convention at Del Monte.

Reports of the various war activities of the members were made and \$10.00 was voted toward the "Snack Bar" run by the American Women's Volunteer Service."

A busy year is drawing to a close for Santa Cruz County Auxiliary. Wives of Medical Officers at Fort Ord and Camp McQuaide have been invited to attend the meetings.

Both war and social welfare work have been carried on extensively by the Auxiliary. \$20.00 was contributed to the Red Cross and \$25.00 to the Medical Benevolent

Fund. The Auxiliary commission for subscriptions to Hygeia was also given to the Benevolent Fund.

One member was appointed to investigate Child Welfare in the County. Support was pledged to the local schools for any special projects they might suggest. At present, the objective for the schools is to secure an audiometer.

Through the Women's Clubs in Watsonville and Santa Cruz, the Auxiliary has put on two Medical Education programs, one in each city, and also helped sponsor courses in nutrition in these cities.

The Auxiliary has also promised support to the local Defense Council.

* * *

*Additional News**

Meeting of the Board of Directors

The spring meeting of the officers and Board of Directors of the Woman's Auxiliary to the California Medical Association, held in the beautiful city of Santa Barbara, will long be remembered by those who had the privilege of attending. Mrs. C. W. Henderson, President of Santa Barbara County, and her committee devoted their time and energy in carrying out plans which made the three days' stay pleasant and interesting.

The business meeting was called to order on February 13, at 9:45 A. M., in the Mar Monte Hotel, by the president, Mrs. Harry O. Hund.

Answering the roll call were:

Officers: Mrs. Harry O. Hund, Mrs. F. G. Lindemulder, Mrs. Ralph B. Eusden, Mrs. R. K. Cutter, Mrs. Frank A. Lowe, and Mrs. Edmund J. Morrissey.

Councilors-at-Large: Mrs. R. Emerson Bond, Mrs. Rene Van de Carr, and Mrs. F. D. Hankins.

District Councilors: Mrs. Franklin Farman, Mrs. Louis A. Packard, Mrs. Kaho Daily, Mrs. Charles C. Landis, and Mrs. H. Randall Madeley.

Chairmen of Special Committees: Mrs. John C. Sharp, Mrs. Arthur T. Newcomb, Mrs. Hobart Rogers, Mrs. A. Lincoln Brown, and Mrs. K. J. Staniford.

The following County Presidents attended: Mrs. C. C. Landis, Butte-Glen; Mrs. J. R. Walker, Fresno; Mrs. Harry Hensler, San Rafael; Mrs. C. W. Henderson, Santa Barbara; Mrs. Norman Sullivan, Santa Cruz; and Mrs. W. C. Boeck, Los Angeles.

Mrs. Hund welcomed the guests and members and gave a brief résumé of work accomplished; after which she introduced Mrs. Clifford Wright, Mrs. Hobart Rogers, and Mrs. A. E. Anderson, past State Presidents, and the guest of honor, Mrs. R. E. Mosiman, President of the American Medical Association Auxiliary, who responded graciously.

During the morning, the reports of Officers and Committee Chairmen were given, and old business taken up and finished promptly. In the afternoon, reports of District Councilors were heard, new business was discussed, and important announcements were made.

Entertainment planned for the National President and the State President and her board, by the Santa Barbara group, included sight-seeing tours, a luncheon at the Mar Monte Hotel, a delightful tea at the home of Mrs. Henry J. Ullman, and a dinner at El Paseo.

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County News Items

March 20 was set aside by Alameda County Auxiliary as a special guest day. "The Wookey," a modern Broadway comedy, was read by Mrs. Oscar Maillard Bennett. Mr. Charles F. Rice conducted the drawing of the raffle tickets on the needle-point pillow, which was made and donated by him. Proceeds were given to the Red Cross.

* Owing to lack of space, news items which follow were not printed in previous issues.

Hostesses for the day were Mrs. Roy Nelson and Mrs. Kenneth Neilson.

Members of the Fresno County Auxiliary and their guests met at the University Sequoia Club on February 3. Mrs. J. R. Walker presided.

Miss Mildred Krohn, of the State Department of Public Health, spoke on nutrition.

Auxiliary members have been giving their time, every Monday, to working in the Parlor Lecture Club house, where surgical dressings are being made for the Red Cross. A First Aid class has been organized, and will meet at the home of Mrs. B. F. Walker.

* * *

Thirteen members of the Woman's Auxiliary to the Humboldt Medical Society were present at the March meeting, which was held at the home of Miss Pauline Dolfini. Mrs. Allan R. Watson presided.

The first of a series of play readings, given by Mrs. Gordan Manary, under the auspices of the Auxiliary, proved very successful.

It was decided that one field day be set aside, soon, for a defense project, the work to consist of bandage-folding.

* * *

There was no regular meeting of the Santa Barbara Auxiliary in February, the board voting to devote their time to State Board Activities. Another important event on the Santa Barbara schedule was the annual bridge tea, which was held at the Biltmore Hotel. This is the chief money-raising event of the year. The proceeds are used to support various projects, which have been greatly increased through defense work.

Officers of the Harbor Branch of the County Medical Association, and Doctor Robert Wilcox, Medical Director, Civilian Defense, Long Beach, were honored guests when the Los Angeles County Auxiliary met in the Pacific Coast Club on February 24.

Willis W. Bradley, Jr. Captain, United States Navy, and former Governor of Guam, was guest speaker. His subject was: "We've a War to Win."

The first Volunteer Nurse's Aide graduation class of the Long Beach Chapter, American Red Cross, was introduced.

* * *

At a special meeting on Tuesday, February 24, the Woman's Auxiliary to the San Francisco Medical Society had the privilege of hearing Doctor W. W. Bauer, Director of the American Medical Association Bureau of Public Health. Inasmuch as this was the only opportunity for representative groups of the City, to hear Dr. Bauer, an invitation was extended to the Presidents or representatives of Women's Clubs of San Francisco, and to officers of the various Parent Teacher groups of the city. The invitation was greatly appreciated, as evidenced by the number which responded. Tea was served, after the meeting, to about 150.

Dr. John Upton spoke on the work of the Blood Bank, which had received such impetus at a similar tea just a year ago when few people realized how important it would be to our own armed forces. Dr. Upton stressed the necessity for more donors.

At present 75 per cent of the San Francisco County Auxiliary membership is actively engaged in Ambulance Driving, A. R. P. duties, teaching classes, as nurses aides, as Staff Assistants are trained in elementary and advanced first aid, and help to staff the groups at the docks to provide transportation and care for the evacuees.

News Items

As a respite from a year of defense work, the members of the Fresno Auxiliary decided to make their

March meeting a social one. About thirty members enjoyed this occasion, at which one of the members, Mrs. L. R. Wilson, read one of the season's best plays, "The Power and the Glory," which had a theme both medical and topical.

New members were honored at the March meeting of the Los Angeles County Auxiliary, with a luncheon held at the Knickerbocker-Hollywood hotel.

Mr. Karl Holton, Chairman of Health, Welfare and Consumer Interest of Los Angeles County Defense Council, spoke on "Youth of War Time." The Auxiliary voted to buy bonds to the amount of six hundred dollars from the savings fund, in the name of the Auxiliary.

Also in March, the members of the Los Angeles Auxiliary were guests of the Harbor Branch Auxiliary at the Pacific Coast Club in Long Beach. Captain Willis W. Bradley, Jr., U. S. Navy and former Governor of Guam, was the speaker of the day.

Tables were gay with red, white and blue flowers and flags, and centering the speaker's table was a victory "V" of red carnations banked with white flowers. Mrs. Lucille Crispin, Volunteer Nurse's Aide of the first Nurse's Aide graduating class of Long Beach Chapter of the American Red Cross, spoke briefly of her work.

Among the honored guests were members of the Harbor Branch of the Los Angeles County Medical Association, Doctors Cottrell, and Beckstrand, and Doctor Wilcox, medical director for Civilian Defense.

The March meeting of the Santa Barbara County Auxiliary was held in the home of Mrs. Harry Henderson. It was a dessert-luncheon, with about forty members attending.

A financial report was given of the profits made at the Annual Bridge Tea held in March at the Biltmore Hotel. The sum of \$27.50 was voted to the Red Cross War Relief Fund, and \$50.00 to the Physicians' Benevolence Fund.

In addition to these donations, an electric clock will be installed at Hoff General Hospital in the Recreation Hall, as a gift from the Woman's Auxiliary. In accordance with its habit of former years, the Auxiliary will make its annual award of \$10.00 to the graduate of Knapp School of Nursing, chosen for the "best bedside manner." It was considered advisable for the membership to maintain a substantial sum in the treasury for emergencies that might arise in connection with the war. In voting the Nurse's Award, it was decided that the usual \$10.00 be given in defense stamps.

Card of Appreciation.—To the Editor of CALIFORNIA AND WESTERN MEDICINE, Dr. George H. Kress, we wish to extend our thanks and appreciation of his courtesy to the Woman's Auxiliary in handling our "News Items" each month.

We also thank the Publicity Chairmen of the counties throughout the State who have so regularly sent in their reports to us.

MRS. RENE VAN DE CARR,
Chairman of Publicity.

MRS. ROSSNER E. GRAHAM,
Assistant Chairman of Publicity.

There Is No Excuse for Smallpox Deaths.—Carelessness and ignorance are the only two reasons why any one should die from smallpox today, David Dietz, Cleveland, declares in the March issue of *Hygeia, The Health Magazine*. "There is complete and foolproof protection against the disease, a protection as simple as it is dependable," he continues. "It is, as every one knows, vaccination."

CALIFORNIA PHYSICIANS' SERVICE†

Beneficiary Membership

September, 1939	1,220
March, 1940	9,322
September, 1940	17,398
March, 1941	24,107
September, 1941	30,215
March 31, 1942	40,123

Annual Report*

PROFESSIONAL MEMBERSHIP

March 31, 1941	5,208
March 31, 1942	5,300

. . .

BENEFICIARY MEMBERS

March 31, 1941		March 31, 1942
23,527	Full Coverage	30,952
580	Two Visit Deductible	1,322
0	Surgical	6,717
0	Rural	1,132
Total 24,107		40,123

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MONTHLY INCOME

March 31, 1941	\$40,138.86
March 31, 1942	\$56,585.00

. . .

ADMINISTRATIVE EXPENSE

March 31, 1941	\$ 9,054.52—22.5%
March 31, 1942	\$11,021.42—19.5%

. . .

(A) FULL COVERAGE CONTRACT

This was the original offering to the public. When offered jointly with a hospital contract, it cost \$2.50 per month per member, of which \$1.70 was for medical service and 80c for hospitalization. It provided complete medical and surgical care and included preventive as well as curative services.

This offering was discontinued in October, 1941. Reasons for this became apparent early in 1941. Statistics indicated:

- that the contract was being purchased by a health conscious group in the upper of allowable income levels;
- that use of service was unusually high (17 per cent incidence of illness—or approximately three times the national average);
- that there was no indication that groups ripen—i.e., the early "clean up" of many undiscovered conditions does not necessarily improve a group from year to year;
- that cost of medical care for the so-called physiological or chronic conditions has increased in recent years due to new techniques of treatment;
- that there seemed to be no practical way of controlling abuses.

The above does not mean that all full coverage groups are bad for C.P.S. Figures (just completed) show that there are groups paying their way. These should be retained.

There are groups that are average. These will either be changed over to the new two visit deductible, with an

† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization. For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

* As of March, 1942.

increase in rates for females, or changed to the surgical contract.

There are groups that are below the average. These are being cancelled.

It is recognized that two years is not enough time to make definite actuarial conclusions. The smaller number of full coverage, with the bad risks out, will not give us a true cross-section. Nevertheless, it will provide the medium through which we may continue to observe the many complications of the practice of medicine as they relate to the difference between rural and metropolitan medicine, the general practitioner and the specialist, volume of referrals from doctor to doctor, the medical groups, and fee schedules.

(B) TWO VISIT DEDUCTIBLE CONTRACT

Dues: male\$2.00-1.20 C.P.S.—80c hospital
female\$2.30-1.50 C.P.S.—80c hospital

Female dues were raised from \$1.20 to \$1.50 in October, 1941.

This contract was designed to eliminate the cost of trivial complaints. The requirement of a cash outlay for the first two visits places a responsibility upon the prospective patient. Beyond this, full coverage benefits are allowed. Our experience with this, while not large, indicates that it is producing the desired result. The incidence of illness requiring care under the contract is only 3.8 per cent (as compared with 17 per cent on the full coverage). The cost per case is higher than the full coverage, which is an indication that we are caring for illnesses of more consequence.

This contract more nearly approaches the present habits of the general public in their use of medical service. To date it is producing a unit value of \$2.25.

(C) SURGICAL CONTRACT

Dues: male\$1.15- .50 C.P.S.—.65 hospital
female\$1.40- .75 C.P.S.—.65 hospital
family\$3.90-2.00 C.P.S.—\$1.90 hospital
(husband and wife, one or more children)

This was designed for large industrial groups. Our contact with the public during these past two years has demonstrated the necessity for some form of family coverage. In considering this demand our approach has been the complete opposite of the earlier full coverage. It seemed wise to begin with coverage for major illnesses only. The low cost would then appeal to the so-called low income group. Our figures, plus those from other medical service plans, provided the needed information to design this contract on a sound actuarial basis.

C.P.S. here is responsible only for surgical procedures, fractures and dislocations. Hospitalization is provided for both surgical and medical cases. Thus "catastrophic" illnesses are covered.

General Motors Corporation employees and dependents, totaling 7,594 persons, were enrolled in December, 1941. Future large volume of the same type will be acquired under this contract. Our experience to date reveals an incidence of illness of 0.8 per cent (compared with 17 per cent full coverage, 3.8 per cent deductible). The cost per case, of course, is much higher, and the gross income is less. This group has produced a unit value of \$2.00 to date.

(D) RURAL HEALTH PROGRAM

Number in Family	Annual Dues
Dues: One	\$30.00
Two	42.50
Three	46.00
Four	49.00
Five to nine or more.....	from \$51.50 to \$60.00

This program was worked out in coöperation with the Farm Security Administration. Only those families meeting the loan regulations of the F.S.A. were eligible to participate. This automatically controlled income and produced low income families in the community who were being helped by the government to rehabilitate their farms.

Negotiations as to cost were entered into between C.P.S. and the regional office of F.S.A., and resulted in approval from Washington.

The project was presented to local medical societies for their approval.

The F.S.A. field staff handled all contact with the families, made collections and arranged for loans. Thus C.P.S. had no "sales" expense.

The contract offered these families may be high-lighted as follows:

Emphasis and benefits directed toward youth.

Home care—families pay \$1.50 in cash toward first call.

Chronic conditions—excluded in adults; covered for minors.

Surgery—pre-existing and non-emergent conditions excluded in adults; covered for minors.

X-ray and lab—wherever necessary.

Hospitalization—limited to ten days.

Obstetrics—medical fee paid, but hospital limited to abnormal cases only.

Drugs—C.P.S. pays for medication over \$1.50.

262 families, or 1,132 persons, in three areas centered around Butte, Sonoma and Monterey Counties enrolled June 1, 1941.

To date the experiment has been quite successful. It has met with approval of the people, the government and the doctors. It will pay out very close to 100 per cent of the maximum fee, or \$1.50 per unit.

Because of the success of this experiment, F.S.A. on April 20, 1942, renewed its contract with C.P.S. Some modifications were made—care for chronic conditions extended on a limited basis, partial cost for obstetrical cases in hospitals added, and the dues raised.

Instead of restricting the program to the three areas, it will be offered on a state-wide basis, giving the program possibility of enrolling 35,000 such families.

(E) WAR INDUSTRIES

National Housing Agency—Federal Housing Authority

Everywhere in the United States new communities are appearing around old and new industrial areas. Labor is migrating. In order to stabilize this labor the National Housing Agency has built thousands of homes on federal property. Homes are rented to labor by the government. In most instances little or no medical facilities are available. Local physicians are overworked and the government is becoming increasingly concerned with the health of the workers. Public Health authorities fear epidemics starting in such centers and spreading. Attention was early focused on San Diego area, which contains the largest of such units.

The United States Public Health Service has been given the responsibility to provide necessary medical care and public health facilities. It has been stated that this would be done through their own personnel if other plans could not be worked out.

The administrative members of C.P.S. in San Diego envisioned this a step toward government medicine. Since C.P.S. was created for the purpose of preventing just this, the job was given to it to work out an alternative plan.

Representatives of C.P.S. went to Washington, D. C., and conferred with officials of U.S.P.H.S. and the Federal Housing Authority. A basic plan was approved. This was presented to the San Diego County Medical

Society and again approved. A special committee of San Diego physicians was appointed to work with C.P.S. The basic plan was modified and includes the following provisions:

Cost: \$60 per year per family.

Benefits: Complete medical and surgical care, with limitations on chronic conditions in adults; a waiting period of ten months for obstetrics.

Hospitalization: In coöperation with the Hospital Service of Southern California on a cost basis. Limited to fourteen days, and partial payment on obstetrical cases after ten months' waiting period.

Method of Providing Care: The National Housing Agency will construct suitable facilities on the project, which will be rented to C.P.S. (temporary quarters provided to begin with).

C.P.S. will employ full time physicians, subject to the approval and under the direction of the local County Society committee.

They will work in the medical center caring for ordinary illnesses, referring the more serious ones to local physicians.

Results:

Plan began operations May 1, 1942, at Linda Vista Project, San Diego.

There are about 3,000 families, or 12,000 persons, living on the project.

The need has been met through the efforts and machinery of the medical profession, which will have control at all times.

Through C.P.S. it ties the medical profession directly into the war effort with a pattern to meet this unusual need which may well be extended to other parts of the state.

SUMMARY

The foregoing demonstrates diversified experiences with different types of medical coverage for:

- the metropolitan white collar group,
- the industrial worker,
- the farmer,
- the migratory industrial war worker.

These experiences, properly analyzed from both the actuarial and human side, have given us reliable data to direct future growth on a sound basis which will go a long way to help solve this riddle of providing such coverage at a fee which is attractive to the public, on the one hand, and acceptable to the doctors, on the other.

Growth of program has been relatively slow. This may be regarded as fortunate. It has given time to become oriented. Any mistakes made would be on a small scale. During this time any changes made had to give due consideration to the relation between income and overhead.

To maintain a state-wide organization in the face of probable rapid expansion requires a certain irreducible minimum of administrative expense. This requirement has definitely affected the possibilities of radical changes in the past. C.P.S. has recently reached the point where these may now be safely made. (See proposals re full coverage.)

By and large the professional members of C.P.S. have had a tolerant understanding of the program. Every attempt has been made to bring to them as much information as possible. Reports have been sent to County Medical Society Coördinating Committees throughout the state. Financial statements, with notes regarding significant events and actions by the Board of Trustees, have been enclosed with each check sent to a professional member. A review of the reasons for changes in the

set-up was sent to all professional members in October, 1941. The Medical Director has toured most of the state, contacting administrative members and on invitation appearing before County Medical Societies or their committees.

This report is submitted to you for the purpose of summarizing and clarifying events of the past year and to orient the profession on the future course of California Physicians' Service.

Respectfully submitted,

RAY LYMAN WILBUR, M.D., *President.*

A. E. LARSEN, M.D., *Secretary.*

For the Board of Trustees of C.P.S.

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STATEMENT OF RECEIPTS AND EXPENDITURES Fiscal Year Ending March 31, 1942

Receipts:

Membership Dues Collected.....	\$617,288.81
Beneficiary Member—Registration Fees	2,452.40
Professional Member—Registration Fees	1,070.00
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	620,811.21
Interest from Investments.....	134.68
	<hr/>
	\$620,945.89—100.0%

Medical Services Rendered:

Laboratory and X-Ray—Dollar Costs.....	\$ 33,572.72
Medical and Surgical—Unit Costs	438,812.23
	<hr/>

Total Services Rendered..... 472,384.95— 76.1%

Administrative Expenditures:

Acquisition	\$ 27,753.33
Collection	4,929.96
Contributions to Employees' C.P.S. Dues	96.55
Depreciation—Furniture and Equipment	1,654.65
Equipment Rental.....	4,569.79
Express and Drayage.....	197.19
Insurance	807.16
Legal	4,155.83
Miscellaneous	1,629.16
Office Rent	5,109.25
Office Stationery and Supplies	1,595.50
Postage	3,030.43
Printed Forms	5,468.32
Salaries	48,167.05
Taxes	1,837.55
Technical Fees (C.P.A. Service)	750.00
Telephone	2,626.47
Telegraph	44.66
Traveling	2,849.76
Rural Health Program—Direct Expenditures.....	312.25
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Total Administrative Expenditures \$117,584.86— 18.9%

Total Expenditures..... \$589,969.81

To Unit Stabilization Account \$ 30,976.08— 5.0%